DOCUMENT RESUME

ED 421 272 PS 026 768

TITLE	Kids Count Alaska Data Book: 1997.
INSTITUTION	Alaska Univ., Anchorage. Inst. of Social and Economic Research.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.
PUB DATE	1997-00-00
NOTE	129p.; For 1996 data book, see ED 404 028.
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	*Adolescents; Alaska Natives; Asian Americans; Blacks; Child Abuse; Child Neglect; Child Welfare; *Children; Mortality Rate; Poverty; *Social Indicators; Substance Abuse; Tables (Data); Violence; *Well Being; Whites; Youth Problems
IDENTIFIERS	*Alaska; *Indicators

ABSTRACT

This second annual Kids Count data book examines statewide trends in the well-being of Alaska's children. The statistical portrait is based on key indicators in six areas: (1) early childhood, including prenatal care, infant mortality, and children with developmental disabilities; (2) economic well-being, including children living in poverty and births to teens; (3) education, including dropout rates; (4) child safety, including child deaths, violent teen deaths, and child abuse and neglect; (5) juvenile justice, including juvenile violent crime; and (6) health risks, including substance abuse and sexually transmitted diseases. Following an introduction providing census information, comparisons of Alaska with national averages (1994) and an illustration of the Kids Count regions in the state, the report details the indicators in the areas mentioned above. Documentation of each of the indicators concludes the report. Among the findings noted: nearly one in five Alaskan children lived in poverty in recent years; although the overall child death rate from all causes is down, the death rate from injuries remains high; and the percentage of high school dropouts in Alaska is below the national average, but dropout rates among Native and Hispanic students are proportionally higher than their school enrollments, while White, Black, and Asian student dropout rates are lower. (HTH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 421 272

PS 026768

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

L. Leask

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Kids Count Alaska

1997

1997 kids count Alaska

Kids Count Alaska Data Book

Study Team

University of Alaska Anchorage

Norm Dinges, Project Director, Institute of Social and Economic Research (ISER)
Claudia Lampman, Department of Psychology
Ann Garret, Student Intern
Institute of Social and Economic Research
Mera Atlis • Olga Efimova • Alexandra Hill

University of Alaska Southeast

Barbara Minton, Department of Psychology

Prepared by Institute of Social and Economic Research, University of Alaska Anchorage
Graphic Designer: Clemencia Merrill

Kids Count is a nationwide program funded by the Annie E. Casey Foundation. The national program collects and publicizes information about the well-being of America's children. The Casey Foundation also sponsors state programs, including **Kids Count Alaska**.

Acknowledgments

Advisory Council

When the Kids Count Alaska *program began in 1995, we established an advisory council made up of people familiar with the problems Alaska's children face. The council has helped guide the program and select indicators specific to Alaska.*

Bruce Botelho, State Attorney General

Johnny Ellis, Senator, Alaska State Legislature

Mark Hanley, Representative, Alaska State Legislature

Shirley Holloway, Commissioner, Alaska Department of Education

Liz Forter, Executive Director, Anchorage Center for Families

Mike Irwin, Commissioner, Alaska Department of Community and Regional Affairs

Jeanrette James, Representative, Alaska State Legislature

Thelma Langdon, Executive Director, Action for Alaskas Children

Ronald Otte, Commissioner, Alaska Department of Public Safety

Drue Pearce, Senator, Alaska State Legislature

Gene Peltola, Executive Director, Yukon-Kuskokwim Health Corporation

Karen Perdue, Commissioner, Alaska Department of Health and Social Services

Margaret Pugh, Commissioner, Alaska Department of Corrections

Other Advisors

Kids Count Alaska *thanks the following people and organizations for their help in preparing this data book. We could not have done it without their contributions and advice.*

Alaska Department of Health and Social Services
- Jane Atuk, Special Needs Services Unit
- Debra Caldera, Healthy Families Program
- Judy Crondahl, Bureau of Vital Statistics
- Tammy Green, Section of Epidemiology
- Michele Hanson, Special Needs Services Unit
- Diane Ingle, Maternal, Child, and Family Health
- Becky Judd, Maternal, Child, and Family Health
- Sharron Lobaugh and Martha Moore, Injury Prevention Program
- David Maltman and Millie Ryan, Governor's Council on Disabilities and Special Education
- Patricia Owen, Division of Public Health
- Cathy Perham-Hester, Maternal, Child, and Family Health
- David Pierce, Division of Administrative Services
- John Tomaro, Vital Statistics
- Theresa Tanoury, Office of the Commissioner
- Carla Tinspone and Sherrie Goll, Child Care and Development Fund
- Brad Whistler, Division of Administrative Services
- Dave Williams, Division of Medical Assistance
- Roger Withington, Division of Family and Youth Services
- Laurel Wood, Section of Epidemiology
- Alfred G. Zangri, Bureau of Vital Statistics

Alaska Department of Education
- Staff, Division of Teacher Learning and Support
- Angie Binkley, Adult Basic Education

Shari Paul, Governors Childrens Cabinet

Marilyn Webb, Head Start, Alaska Department of Community and Regional Affairs

Greg Williams, Research and Analysis, Alaska Department of Labor

Sharon Vaissiere, Anchorage School District, Health Curriculum Coordinator

Anchorage Department of Health and Human Services
- Margaret Gressens, Healthy Anchorage Indicators Project
- Martha Anderson, Child Care Licensing

University Of Alaska Anchorage
- Lisa Rieger, Justice Center
- John Petraitis, Psychology
- Todd Risley, Psychology

Special thanks to Martha Steketee, Child Trends, Inc. Washington, D.C., for helpful comments on a draft of this publication. Kids Count Alaska *also thanks members of the statewide network and participants at conferences and workshops for helping us understand children's issues in Alaska and interpret indicators in different regions of the state.*

Finally, many thanks to Helen Andon, Vic Fischer, Richard Hull, Colleen Pawlowski, and Eddie Walton for lending us photos of beautiful children.

Opportunities to Help Alaska's Children

COMPASS: Community Partnership for Access, Solutions, and Success

The goals of the Community Partnership for Access, Solutions, and Success (COMPASS) initiative are improving the health and safety of children and families and insuring that children are ready to start school and succeed in school. The initiative aims to create a partnership between the state and local communities by bringing together governments, school districts, health and social service agencies, and others concerned with the well-being of Alaska's children. Joint state-local teams have been formed in 13 communities. An interdepartmental COMPASS Action Team, supervised by the Governor's Children's Cabinet, is guiding development of this initiative. For more information, get in touch with the Alaska Children's Trust: Box 112100, Juneau, Alaska 99811; phone: 907-465-4870; fax: 907-465-8638.

Table of Contents

Introduction	7
Kids Count Regions	9
How Alaska Compared with National Averages in 1994	10
Early Childhood	11
Prenatal Care	12
Babies With Low Birth Weight	14
Infant Mortality	16
Immunizations by Age Two	17
Children with Developmental Disabilities	19
Notes	21
Economic Well-Being	22
Children Living in Poverty	23
Children in Families Headed by Single Parents	24
Births to Teens	25
Child Care	26
Notes	29
Education	30
Teens Who Are High School Dropouts	31
Teens Not Working and Not in School	34
Notes	35
Children in Danger	36
Child Death	37
Teen Violent Death	39
Injury to Alaska's Children	40
Child Abuse and Neglect	43
Notes	47
Juvenile Justice	48
Juvenile Violent Crime	49
Juvenile Crime in Alaska	50
Notes	53
Health Risks	54
Tobacco Use Among Teens	55
Teens Using Alcohol and Drugs	57
Sexually Transmitted Diseases and HIV	58
Notes	59
Documentation of Indicators	60

Introduction

Many Alaskans are worried about children growing up in poverty, in broken homes, and in dangerous neighborhoods. Policymakers and others with responsibilities for Alaska's children need reliable information about conditions affecting children.

This is the second annual data book produced by the Kids Count Alaska program, which began in 1995 and is funded by a grant from the Annie E. Casey Foundation. The program collects and publicizes information about children's health, safety, and economic status as measured by indicators that cover all the stages from birth through the late teens. Those include 10 key indicators used by the national Kids Count program and additional indicators we selected to help show problems as well as progress in improving the well-being of Alaska's children. The goals of Kids Count Alaska are to:

- Develop regional figures for indicators
- Select indicators specific to Alaska
- Distribute information about the status of Alaska's children to government policymakers, program administrators, teachers, and others whose work involves the welfare of children
- Create an informed public, motivated to help improve children's lives
- Enhance efforts to improve the well-being of children and families.

We hope the indicators compiled and disseminated by Kids Count Alaska will become an important tool that Alaskans can use in developing policies and programs to help children and families.

The table below shows numbers of children by age, sex, and race in Alaska and changes in the share of children in the overall Alaska population in the 1990s.

Alaska's Children by Age, Sex, and Race, 1990 and 1996

	1990			1996		
	Total	Male	Female	Total	Male	Female
Total Alaska Population	550,043	289,868	260,175	607,800	317,105	290,695
Children By Age	Number	% of Pop[a]		Number	% of Pop[a]	
Under 1	11,963	2.2%	6,109	5,854	9,859	1.6%	5,065	4,794
1-4	44,014	8.0%	22,616	21,398	43,057	7.1%	21,934	21,123
5-9	51,508	9.4%	26,543	24,965	55,685	9.2%	28,619	27,066
10-14	42,939	7.8%	22,333	20,606	54,266	8.9%	27,969	26,297
15	7,652	1.4%	4,021	3,631	10,071	1.7%	5,191	4,880
16	7,341	1.3%	3,786	3,555	9,507	1.6%	4,975	4,532
17	7,453	1.4%	3,887	3,566	8,653	1.4%	4,643	4,010
18	7,069	1.3%	3,834	3,235	8,090	1.3%	4,382	3,708
Total 18 and under	179,939	32.8%	93,129	86,810	199,188	32.8%	102,778	96,410
Children 18 and Under By Race								
White	128,522	23.4%	66,877	61,645	136,799	22.5%	70,907	65,892
AK Native	36,337	6.6%	18,497	17,840	43,552	7.2%	22,183	21,369
Black	8,389	1.5%	4,336	4,053	9,704	1.6%	5,055	4,649
Asian/Pac Isl	6,691	1.2%	3,419	3,272	9,133	1.5%	4,633	4,500

[a] *Percentage of total Alaska population*

Note: *The racial breakdowns used throughout this publication are those of the Alaska Department of Labor and the U.S. Bureau of the Census. Persons of Hispanic origin can be of any race. The Alaska Native category includes other Native Americans; numbers of other Native Americans in Alaska are small.*

Source: *Alaska Department of Labor tabulations*

Introduction (continued)

Between 1980 and 1990 the total population of Alaska increased about 10.3 percent, growing from 550,043 to 401,851,300. The number of children (18 and under) grew at roughly the same rate, increasing from just under 180,000 to nearly 200,000. So the share of children in the overall Alaska population stayed at about 33 percent in recent years.

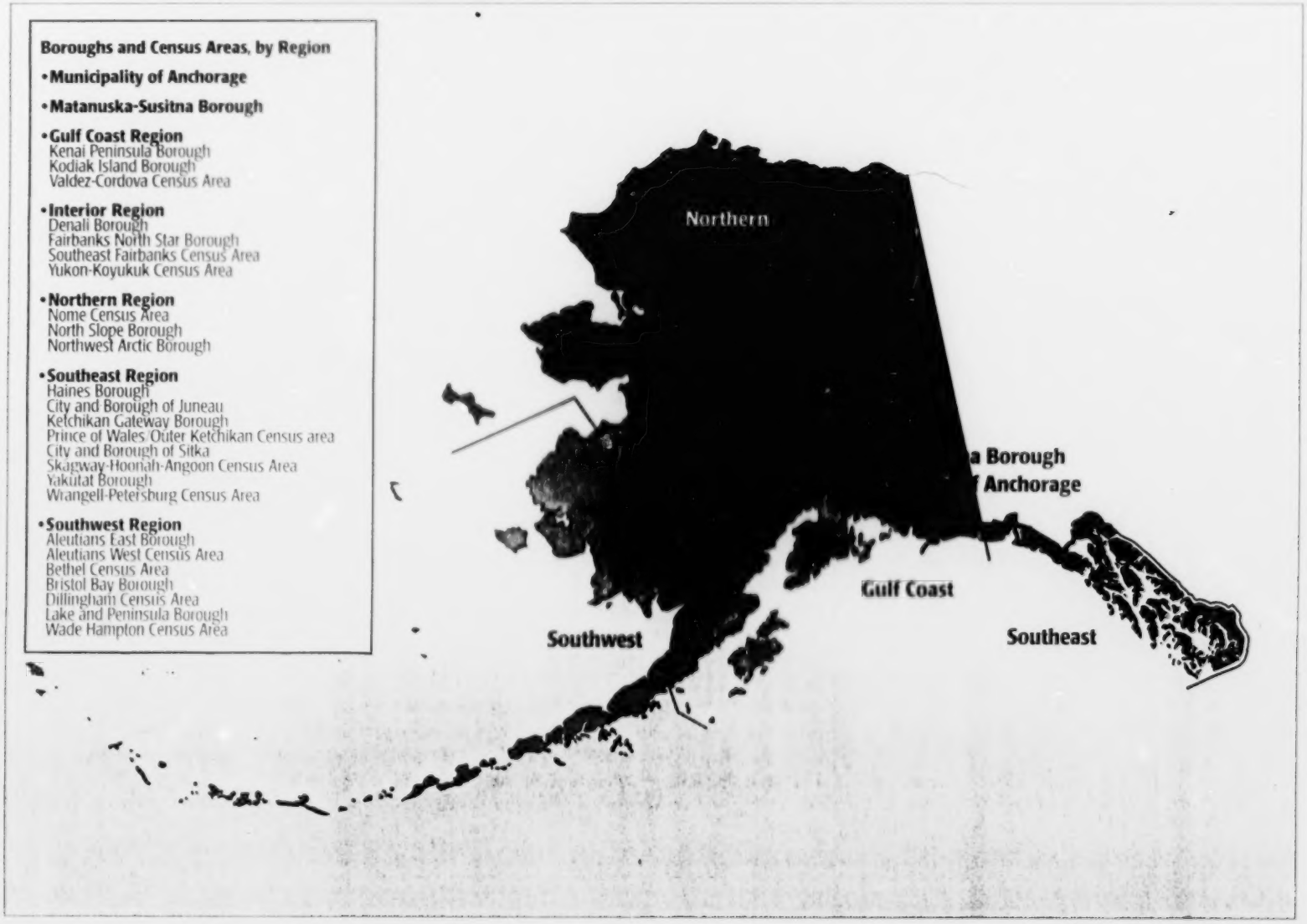
Numbers of children of all races increased in the 1980s, but the percentage of white children dropped slightly while percentages of children of other races increased somewhat.

This data book presents indicators of children's well-being by region of Alaska whenever possible. The map on page 9 shows the regions we used in developing regional indicators. Unfortunately, for some indicators not enough information is available to allow us to do regional breakdowns. (See the Documentation of Indicators section at the end of the book.)

A few important points about the indicators presented in this data book are worth emphasizing at the outset:

- ***Indicators don't measure the effectiveness of particular programs.*** They are broad indications of social conditions rather than specific measures of program performance.
- ***Regional indicators are mostly averages for the period 1991-1995.*** Some regional information is collected only once every 10 years, during the national census; some is collected annually, allowing us to calculate 5-year averages. In small populations like Alaska's, indicators can fluctuate sharply from year to year—so averages over several years give a more accurate picture.
- ***The scale of the indicators varies.*** Some indicators are in percentages (which is a rate per 100); others are in rates per 1,000 or 100,000. Percentages are useful to show the most widespread events; for less common events different rates are more useful.
- ***Small differences in indicator levels*** among regions may be due to random fluctuations rather than actual differences.
- ***Not all areas or communities*** within a region have the same indicator levels as the region as a whole.
- ***The indicators are based on the most reliable data available,*** but all data are subject to some error.

Kids Count Regions



BEST COPY AVAILABLE

How Alaska Compared with National Averages in 1994

The national Kids Count data book ranks all 50 states and the District of Columbia on 10 indicators of children's well-being and discusses how those indicators have changed over time and why they are important measures of the health and safety of America's children.

The adjacent table shows how levels of those indicators in Alaska and in the U.S. as a whole compared in 1994, the most recent year for which figures are available.

BEST COPY AVAILABLE

Alaska and U.S. Average, 1994
National Kids Count Indicators

	Alaska	U.S.
Alaska Better Than National Average		
Percent of babies with low birth weights	5.5%	7.3%
Percent of children living in poverty	12.0%	21.0%
Percent of teens (ages 16-19) who drop out of school	7.0%	9.0%
Juvenile arrest rate for violent crime (per 100,000 youths 10-17)	384	517
Births to teens (per 1,000 females 15-17)[a]	32	38
Alaska At or Near National Average		
Infant mortality rate (per 1,000 live births)	7.6	8.0
Percent of single-parent families	25.0%	26.0%
Child death rate (per 100,000 children 1-14)	28	29
Alaska Worse Than National Average		
Percent of teens not working and not in school	11%	9%
Teen violent death rate (per 100,000 teens 15-19)	91	69

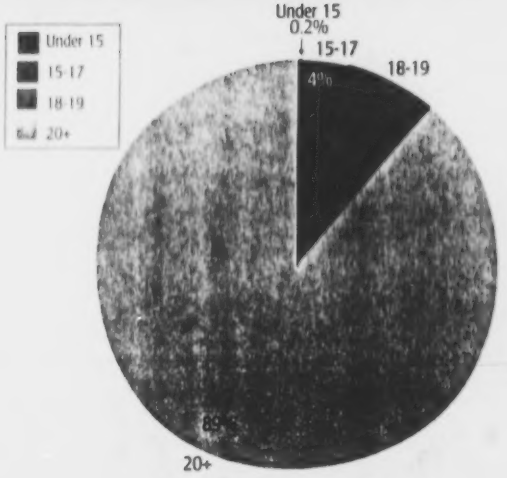
[a] *Before 1993, this indicator measured the rate of births to teenage girls 15 to 19. The Alaska regional figures on page 25 are based on that previous definition.*

Note: *Alaska figures in this table may differ from later figures in the regional graphs. The figures above are from the national* Kids Count *program; our regional figures may be based on different years and are sometimes measured differently, depending on what regional information is available.*
Source: *Annie E. Casey Foundation,* Kids Count *Data Book, 1997*

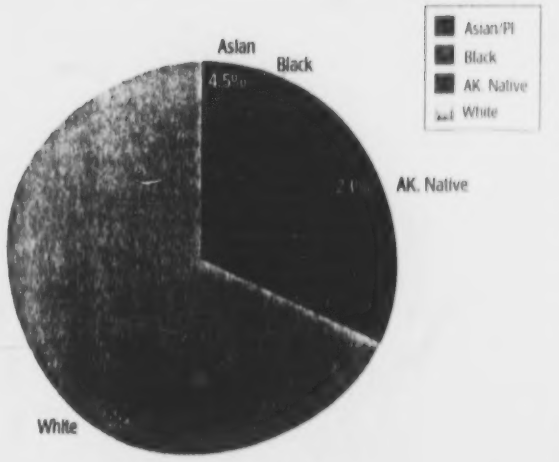
BEST COPY AVAILABLE

Prenatal Care

Births in Alaska, 1991 - 1995, By Age and Race of Mother
(Total Births: 55,378)



By Age of Mother



By Race of Mother

Definition

There is some disagreement over what constitutes "adequate" prenatal care. Here we use the Alaska Bureau of Vital Statistics' measure of prenatal care—the Kessner Index. That index has three classifications of prenatal care: adequate, intermediate, and inadequate.

Care is considered adequate among women who see a doctor (or other medical professional) at least once during the first three months of pregnancy and at least nine times over the entire length of pregnancy. Care is considered "intermediate" among women who see a doctor at least once during the early months of pregnancy and several times during the later months. Care is classified as "inadequate" among women who don't see a doctor at all during their first five months of pregnancy and four or fewer times during their entire pregnancy.[1]

Significance

Nationwide, an estimated 25 percent of pregnant women don't get prenatal care during the first three months of their pregnancy—the period of crucial fetal development.[2]

For a long time, many researchers have maintained that adequate prenatal care helps reduce the number of babies with low birth weights. (As we discuss in the next section, babies with low birth weights are more likely to die before their first birthday.)

Recently, however, some analysts have questioned the evidence linking inadequate prenatal care and low birth weight.[3] But other benefits of good prenatal care are clear. Pregnant women who see their doctors regularly are more likely to discover medical problems that might injure them or their fetuses. They are more likely to be aware that eating poorly, drinking alcohol, and smoking can harm their babies. And some researchers have found that women who visit doctors regularly while they are pregnant are more likely to continue getting good preventive health care for themselves and their infants.[4]

BEST COPY AVAILABLE

What About Alaska?

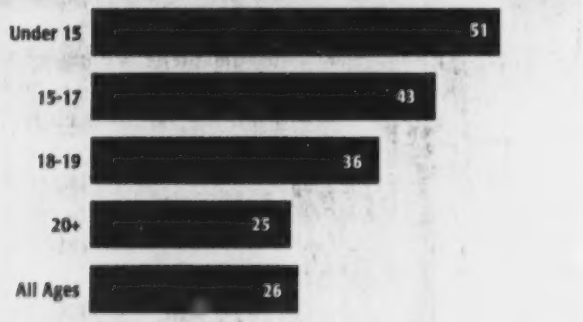
From 1991 through 1995, nearly 55,400 babies were born in Alaska. The overwhelming majority (89 percent) were born to mothers at least 20 years old.

But that still leaves more than 6,000 babies born to teenage mothers during the first half of the 1990s. And more than a third of those babies were born to mothers under 18 years old. Teenage mothers and their children face economic disadvantages (see Births to Teens indicator), but they also face health risks. Half the youngest mothers (15 and under) and nearly four in ten older teenagers get inadequate prenatal care. Even among mothers over 20, one-quarter don't get adequate prenatal care.

About 68 percent of women who had babies in Alaska from 1991 through 1995 were White, 23 percent were Native, 4.5 percent were Black, and 4.5 percent were Asian.

One quarter of mothers of all races in Alaska get inadequate prenatal care, but the share is considerably higher among Alaska Native mothers—four in ten. Part of the reason for that high rate is undoubtedly that many Native women live in small, isolated communities with very limited medical care. A third of Asian mothers also lack adequate prenatal care, with smaller shares among Black and White mothers.

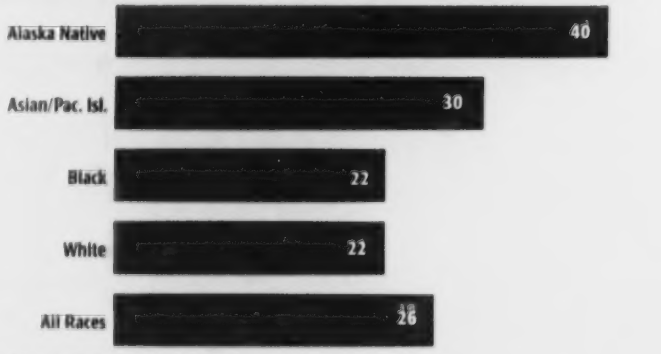
Percent of Babies Receiving Less Than Adequate* Prenatal Care, By Age of Mother, 1991-1995



*See text for definition of "adequate" care.

Source: *Alaska Bureau of Vital Statistics*

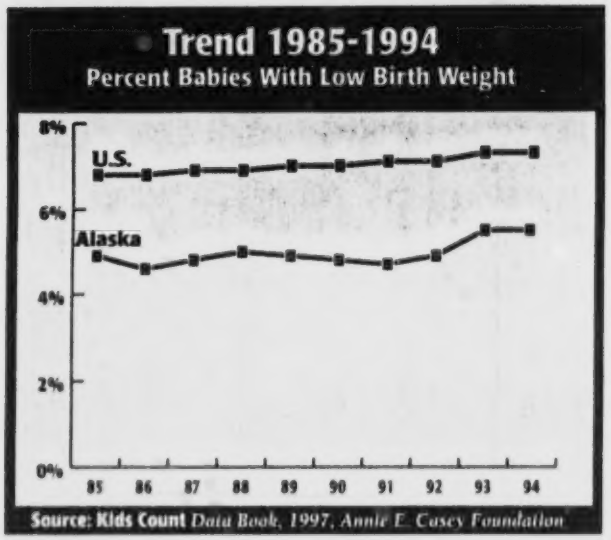
Percentage of Babies Receiving Less Than Adequate Prenatal Care, By Race of Mother, 1991-1995



Source: *Alaska Bureau of Vital Statistics*

BEST COPY AVAILABLE

Babies With Low Birth Weight



Definition

Babies considered to have low birth weight are those weighing under 2,500 grams (5.5 pounds) at birth. The data are reported in percentage of live births—by mother's place of residence, not place of infant's birth. Births of unknown weight are not included in these calculations.

Significance

While most American children get off to a healthy start, babies weighing less than 2,500 grams (5.5 pounds) at birth have a higher probability of experiencing developmental, physical, and behavioral problems.

Babies with low birth weight are more commonly born to low-income women and women over age 35. Inadequate nutrition and inadequate weight gain during pregnancy are major risk factors for low birth weight, as well as for intrauterine growth retardation, increased prenatal morbidity and mortality, and pre-term birth.

Impact

- Babies with low birth weight die more frequently during their first year of life than do babies born weighing more than 2,500 grams.[3]

- One study estimated that of the $11.4 billion spent nationally on health care for infants in 1988, about 35 percent (or $4 billion) was spent on the incremental costs of low birth weight infants, with nearly half ($1.8 billion) going to rescue the very tiniest babies.[9]

- Charges for the initial hospitalization of a surviving infant weighing 500 to 600 grams at birth (under 1.5 pounds) averaged $1 million in the early 1990s.

- Due to advances in neonatal care systems, many infants weighing only 750 grams (1 pound, 10 ounces) at birth are now surviving. But the survivors often face serious long-term health and developmental problems.[8]

- Babies with low birth weight are more likely to require special education. About half of all children who weighed less than 5.5 pounds at birth are enrolled in special education programs by the time they are 6 to 15 years old.[3]

- Low birth weight also puts babies at increased risk of mental retardation, neurological defects, growth and development problems, pulmonary dysfunction, visual and hearing defects, cerebral palsy, epilepsy, learning disorders, chronic lung problems, and child abuse and neglect.[10]

- If no pregnant women smoked cigarettes, 20 to 30 percent of all low-weight births and 10 percent of fetal and infant deaths could be prevented.[11]

BEST COPY AVAILABLE

Babies With Low Birth Weight

What About Alaska?

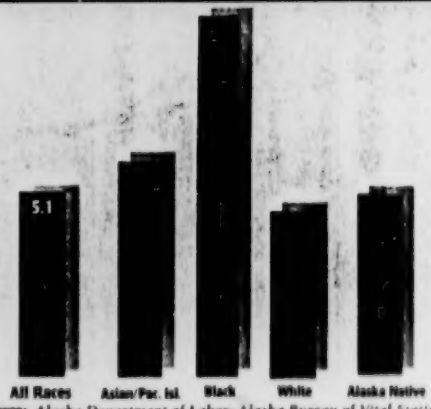
Relatively few (about 5 percent) of the babies born in Alaska over the years 1991-1995 weighed less than 5.5 pounds. Over the past decade the share of babies with low birth weight in Alaska has consistently been among the lowest in the nation, remaining below 5 percent for most of that time.[12]

The two graphs on this page show how the share of babies born weighing less than 5.5 pounds varied among regions and among races in Alaska on average from 1991 through 1995.

Within regions, the percentage varied from 4.1 percent in Southeast to 5.7 percent in Anchorage.

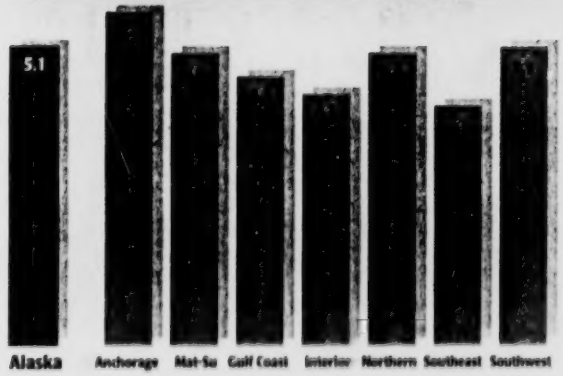
Among races, the percentage of babies with low birth weight was lower among White and Native babies and higher among Asian and Black babies. Remember, however, that because the Black and Asian populations of Alaska are much smaller, births of relatively few underweight babies can change the percentages.

Percent of Babies with Low Birth Weight, by Race
(Babies Weighing Less than 5.5 Pounds at Birth, 5-year Average, 1991-1995)



Source: *Alaska Department of Labor; Alaska Bureau of Vital Statistics*

Percent of Babies with Low Birth Weight, by Region
(Babies Weighing Less Than 5.5 Pounds at Birth, 5 year average, 1991-1995)



Source: *Alaska Department of Labor; Alaska Bureau of Vital Statistics*

BEST COPY AVAILABLE

Infant Mortality

Definition

The infant mortality rate is the number of deaths per 1,000 (live births) among infants under one year. The data are reported by the child's place of residence, not place of death.

Significance

Low birth weight and infant mortality are related: the infant mortality rate can be predicted with reasonable accuracy from the proportion of babies with low birth weights.[13]

The infant mortality rate is considered a barometer of the general health of a population. Infant mortality has been declining in the U.S. since 1985, largely because of improvements in medical technology.[14]

Families with low incomes and less education are more likely to have babies with health problems. A study cited by the Casey Foundation found that infant mortality was 50 percent higher among poor families than among families with incomes above the poverty line. The link between poverty and infant mortality helps explain why the national infant mortality rate in 1994 was 15.8 per 1,000 births among Black Americans, compared with 6.6 among White Americans.[15]

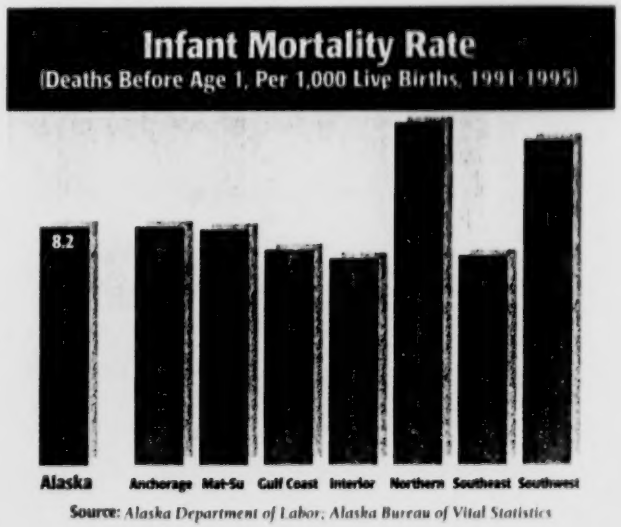
What About Alaska?

Like the rest of the U.S., Alaska has been reducing infant mortality over the past decade, decreasing the rate per 1,000 births from 10.8 in 1985 to 7.6 in 1994—slightly below the U.S. average of 8.0.

The tie between low birth weights and infant mortality in Alaska is clear. In 1989, for example, 43 percent of infants who died had weighed under 5.5 pounds at birth.[16]

Alaska's infant mortality rate between 1991 and 1995 averaged 8.2 per 1,000 births, with regional rates from 7.1 in the Interior to 11.8 in the Northern region.

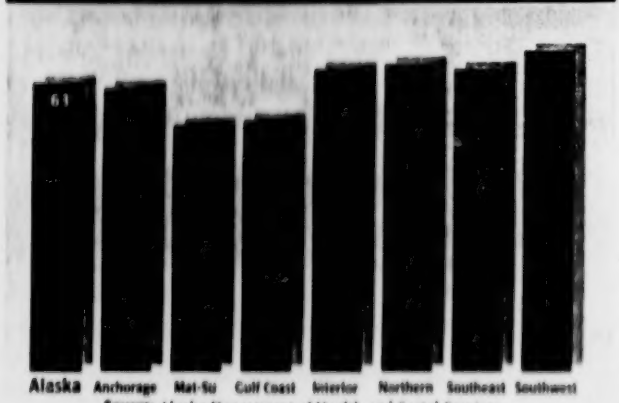
A 1988 study reported that Native infants in Alaska have a mortality rate about 2.5 times that of White infants—17.2 per 1,000 births compared with 6.9. The death rate among Native infants was also higher than the national rate of 12.5 per 1,000 births among all Native American infants in the late 1980s.[17]



BEST COPY AVAILABLE

Immunizations by Age Two

Percent of Alaska Children Immunized By Age Two, By Region (1992-1997 5-year Average)



Source: *Alaska Department of Health and Social Services*

Definition

This indicator shows the percentage of Alaskan children who have received all the recommended doses of these vaccines by age two: DTP (diphtheria, tetanus, and pertussis); OPV or IPV (polio); MMR (measles, mumps, and rubella); and Hib (*Haemophilus influenza*, type b).

Significance

Immunizations improve children's health, save lives, and reduce health care costs. National studies report that every dollar spent for vaccines saves much more in other direct and indirect medical costs: $1 for DTP saves $29, $1 for MMR saves $21, $1 for OPV saves $6, $1 for Hib saves $2.

What About Alaska?

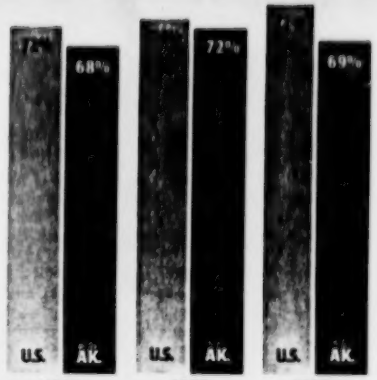
Data on immunizations provided by Laurel Wood, Section of Epidemiology, Alaska Department of Health and Social Services.

Alaska has been a leader in effective childhood immunization programs. For instance, Alaska was the first state to implement vaccine programs to fight the leading cause of childhood meningitis, to use hepatitis A vaccine to prevent epidemics, and to establish a vaccine distribution program to make free preventive immunizations available to all Alaska's children. In 1996, the Alaska Department of Health and Social Services distributed more than 235,000 doses of pediatric vaccines—valued at more than $2 million— to health care providers around the state.

Despite these efforts, Alaska has recently fallen behind the national average in immunization rates among two-year-olds. In 1996, a survey by the national Centers for Disease Control and Prevention put Alaska near the bottom (48 out of 50 states) in rates of immunization among two-year-olds. Only 69 percent of Alaska's two-year-olds had been fully immunized, compared with the national average of 77 percent.

The immunization rate varies sharply among regions of Alaska. On average from 1992-1997, 63 percent of two-year-olds statewide were immunized, with regional percentages from 54 in the Mat-Su region to 70 in the Southwest.

Immunization Levels Among Two-Year-Olds, U.S. and Alaska, 1994 - 1996



Source: *Centers for Disease Control and Prevention, National Immunization Survey*

Immunizations by Age Two (continued)

Still, despite the low immunization rates among two-year-olds, the incidence of preventable childhood diseases in Alaska remains low (see table below)—largely because of Alaska's strong immunization requirements for children attending school or going to day care. Audits conducted by the Section of Epidemiology of the Department of Health and Social Services indicate that more than 99 percent of school students are adequately immunized.

Reported Cases of Vaccine-Preventable Diseases in Alaska, by Date of Diagnosis, 1992-1996

	1992	1993	1994	1995	1996	5-Year Total
Diphtheria	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0
Pertussis	18	5	0	1	3	27
Measles	9	2	10	0	63	84
Mumps[a]	3	11	4	12	3	33
Rubella	0	1	0	0	0	1
Polio	0	0	0	0	0	0
Hib[b]	2	7	4	2	6	21
Hepatitis A	153	756	205	50[c]	53	1,217
Hepatitis B	21	14	14	13	16	78

[a] *Clinical diagnosis.* [b] *Meningitis.* [c] *First year of vaccine licensure*

Source: *Alaska Department of Health and Social Services*

Spotlight on Prevention: Year 2000 Childhood Immunization Initiative

State officials are alarmed because in 1996 nearly one third of Alaska's two-year-olds didn't have all the immunizations they needed. The Alaska Department of Health and Social Services cites several reasons why Alaska's immunization rates have fallen below the national average, including: the number of children in the state nearly doubled between 1980 and 1996; the number of recommended immunizations increased from 7 to 10; the number of doses needed to give all children the recommended immunizations increased from about 880,000 in 1980 to 3.7 million in 1997.[18]

The Department of Health and Social Services has established the Year 2000 Childhood Immunization Initiative to increase rates of immunization in Alaska. Among other things, that effort will include: devoting more public health resources to immunization programs; working with regional task forces to find ways of increasing immunization rates locally; establishing regional mobile teams of nurses; asking health care providers to put more emphasis on immunizing children; and applying to the national Centers for Disease Control and Prevention for more money to administer vaccines.

Children with Developmental Disabilities

Alaska Children With Developmental Disabilities, By Type of Disability, 1995

Disability	Number of Children
Mental Retardation	1,334 (38%)
Multiple Disabilities	827 (24%)
Autism	137 (4%)
Traumatic Brain Injury	113 (3%)
Deaf or Blind	11 (0.3%)
Hearing impairments	15 (0.4%)
Speech and language impairments	19 (0.5%)
Visual impairments	6 (0.2%)
Serious emotional disturbances	75 (2%)
Orthopedic impairments	4 (0.1%)
Other health impairments	42 (1%)
Other learning disabilities	938 (27%)
Total	3,521 (100.%)

The numbers include children age 18 and under with at least three of the functional limitations cited in the definition below. Not all children with some form of disability are considered to have developmental disabilities.

Source: *Governor's Council on Disabilities and Special Education*

Definition

Data on developmental disabilities provided by David Maltman and Millie Ryan, Governor's Council on Disabilities and Special Education

A developmental disability is a severe, disabling condition that occurs before age 22, persists indefinitely, and substantially limits at least three of the following functions: listening and talking; learning; mobility; self-direction and self-care; independent living; and economic self-sufficiency.

Mental retardation, autism, and several other conditions have traditionally been associated with the term "developmental disability." But defining developmental disabilities is complicated by the lack of a generally accepted standard of what constitutes a "substantial functional limitation." For example, the federal Individuals with Disabilities Education Act lists a number of disabilities, but provides classification criteria for only one.[19] The State of Alaska has its own criteria for programs serving children with developmental disabilities.

Significance

Children with developmental disabilities typically need special training and assistance. Those with serious emotional disturbances or learning disabilities are more likely to drop out of school and, when they become adults, are less likely to be in the work force.[20]

What About Alaska?

In 1995, just under 2 percent of Alaska's children (18 and under)—about 3,520 children—had developmental disabilities. Disabilities were divided about equally among children of all ages. The most prevalent disability is mental retardation, accounting for nearly four in ten children with developmental disabilities. The State of Alaska has several programs to help children with disabilities. Two programs spotlighted on the next page are designed to help reduce problems in later life by working with disabled children early on.

BEST COPY AVAILABLE

Children with Developmental Disabilities (continued)

Spotlight on Prevention: Autism Intensive Early Intervention Project

Information provided by Todd Risley, Center for Human Development, University of Alaska Anchorage

About 10 autistic children are born in Alaska every year. Autistic children pay little attention to other people in general and respond less to parents and care givers than other children do. Language of autistic children is often bizarre and repetitive; some autistic children don't speak at all. The lifetime costs of care for an autistic child who does not receive help early are conservatively estimated at $1 million.

The Autism Intensive Early Intervention Project trains and supervises family members and volunteers who then teach autistic children to look at, respond to, and imitate other people and to talk and reason. This teaching goes on as much as 40 hours per week, beginning at age three or four and continuing for two years. Researchers have found that about half the autistic children who receive 40 hours per week of intensive intervention require no special help in school or later life; the other half need moderate help.

In 1997 there were 15 teaching teams statewide, each consisting of 10 to 12 volunteers trained through this project.

Spotlight on Prevention: Infant Learning

Information provided by Jane Atuk, Special Needs Services Unit, Alaska Department of Health and Social Services

Experts have identified a number of physical, cognitive, and other skills that can be improved if children with developmental disabilities receive help early, particularly during the first three years of life. The Infant Learning Program works with children from birth through two years who have disabilities or developmental delays, or who are at risk for developmental delays.

In FY 1996, about 1,400 children age two and under were enrolled in the program, with about half those continuing from the previous year. Children can be referred to the program by parents, physicians, community health aides, or others. Program specialists work with children and families to develop individual programs that can include special instruction, therapy, assistive technology, and coordination with other available services.

Infant Learning Program Enrollment
Infants through Age 2, By Severity of Disability, FY96

In Numbers of Children and Percentages of Enrollment

Region Enrolled	Severe[a]	Moderate[b]	Mild[c]	At Risk[d]	Total
Anchorage/Mat-Su	286 (20%)	203 (14.%)	92 (7%)	63 (4%)	644 (45%)
Gulf Coast	56 (4%)	96 (7%)	40 (3%)	41 (3%)	233 (16.%)
Interior	95 (7%)	65 (5%)	16 (1.%)	4 (0.3%)	180(13%)
Northern	37 (3%)	20 (1%)	5 (0.4%)	4 (0.3%)	66 (5%)
Southeast	48 (3%)	39 (3%)	43 (3%)	66 (5%)	196 (14%)
Southwest	35 (2%)	52 (4%)	6 (0.4%)	5 (0.4%)	98 (7%)
Total	557 (39%)	475 (34%)	202 (14%)	183 (13%)	1,417 (100%)

[a] *Severe — delay of 50 percent or more in one or more areas of child's development*
[b] *Moderate — delay of 25-49 percent in one or more areas of child's development.*
[c] *Mild —delay of 15-24 percent in one or more areas of child's development*
[d] *At risk — two or more biological or environmental factors likely to result in developmental delay*

Source: *Special Needs Services Unit, Alaska Department of Health and Social Services*

Notes

[1] Alaska Bureau of Vital Statistics, *1995 Annual Report*, July 1997, Appendix D.

[2] Prenatal Care Hotlines, http://www.hrsa/dhhs.gov/mchb/hotline 3.htm

[3] See for example, Greg Alexander and Carol Korenbrot, "The Role of Prenatal Care in Preventing Low Birth Weight," in *The Future of Children*, No 1, Spring 1995.

[4] A.M. Butz, A. Funkhouser, L. Caleb, and B.J. Rosenstein, "Infant health care utilization predicted by pattern of prenatal care," in *Pediatrics* (1993) 92, 1:50-54. Cited in Alexander and Korenbrot (note 3).

[5] *Healthy Alaskans 2000: Changing the course of public health for the decade*, Alaska Department of Health and Social Services, February 1994, p. 136.

[6] *The Future of Children: Low Birth Weight*, Center for the Future of Children, The David and Lucile Packard Foundation, 5 (1) Spring 1995, p. 4.

[7] Ibid., p. 30.

[8] Ibid., p. 4.

[9] Ibid., p. 7.

[10] *Healthy Alaskans 2000*, p. 136.

[11] *The Future of Children*, p. 124.

[12] *Healthy Alaskans 2000*, p. 136.

[13] *The Future of Children*, p. 20.

[14] *Kids Count Data Book 1997*, Annie E. Casey Foundation.

[15] Ibid.

[16] *Healthy Alaskans 2000*, p. 136.

[17] *Prenatal Care in Alaska: More Costs Less*, Senate Advisory Council, Alaska State Legislature, 1988 (Research Request 88-003247).

[18] *Year 2000 Childhood Immunization Initiative*, Alaska Department of Health and Social Services, November 1997.

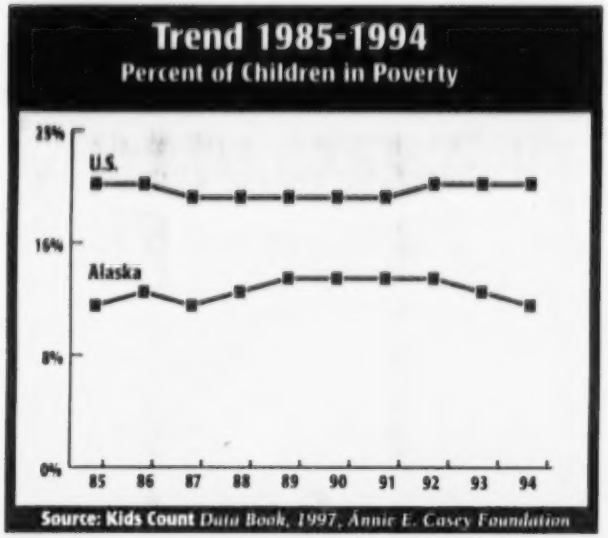
[19] Thirteen disabilities were outlined in the federal Individuals with Disabilities Education Act regulations [section 504 of 1990 Americans with Disabilities Act]: autism, deafness, hearing impairment, mental retardation, orthopedic impairment, other health impairment, serious emotional disturbance, learning disability, speech or language impairment, traumatic brain injury, and visual impairment. With the exception of learning disability, federal law does not provide classification criteria for any of these disabilities.

(D. J. Reschly [1996] "Identification and Assessment of Students with Disabilities," in *The Future of Children: Special education for students with disabilities*, vol. 6, num. 1, p. 40-53.)

[20] M. Wagner and J. Blackorby (1996) "Transition from high school to work to college: How special education students fare," in *The Future of Children: Special education for students with disabilities*, vol. 6, num. 1, p. 103-120.

BEST COPY AVAILABLE

Children Living in Poverty



Definition

This indicator shows the percentage of children (under age 18) in families with incomes below the poverty line. The national Kids Count program uses poverty *threshold* figures from the U.S. Bureau of the Census to calculate this indicator. The poverty threshold is not adjusted for Alaska's higher cost of living, so some analysts believe the figures (as shown in the graph above) underestimate poverty in Alaska.

Another federal agency, the Department of Health and Human Services, also annually issues poverty *guidelines*. It is those guidelines that are used in determining eligibility for various low-income programs—and the guidelines are adjusted for Alaska's higher costs of living. In 1997, for example, the poverty guideline for a family of four was $16,050 in the Lower 48 and $20,070 in Alaska.[1] Neither the federal poverty threshold nor the poverty guidelines include the value of subsistence activities.

Significance and Impact

Poverty is nearly twice as common among children as among adults in the U.S., and the poverty rate among children has risen dramatically in the past 20 years.

A stunning 26 percent of all American children under the age of six (more than one in four) are poor, and more than half those young children live in families where both parents work.[2]

A growing body of research indicates that poverty can hinder the mental and physical development of children and reduce their ability to become productive adults.[3]

What About Alaska?

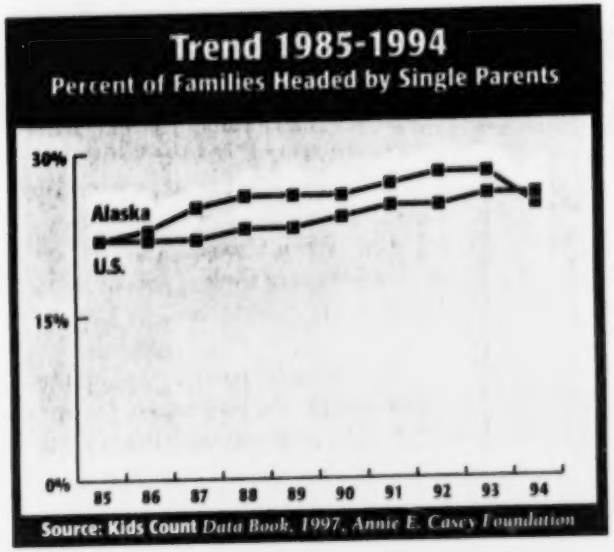
The national Kids Count Data Book reported that Alaska had the second lowest rate of poverty among children in the U.S. in 1994. But, as we just noted, some analysts believe that the poverty threshold figures used to calculate this indicator may be too low to reflect actual levels of poverty in higher cost areas like Alaska.

Under the higher poverty standard used for most low-income programs in Alaska—roughly 125 percent of the federal poverty threshold—12 percent of all Alaskans and 16 percent of Alaskan children under 19 lived at or below the poverty level in the early 1990s. Alaska's youngest children are most likely to be living in poverty. Nearly one in five Alaskan children (ages five and under) lived in poverty in recent years.[4]

Although Alaska's poverty rate remained relatively constant during the 1980s, the number of children living in poverty increased during the decade.

Alaska Native children are three times more likely to live in poverty than White children.[5] In 1990, 40 percent of the Alaskan children and teenagers living in poverty were Native, as compared with 33 percent in 1980.[6]

Children in Families Headed by Single Parents



Definition

This indicator shows the percentage of families with children under age 18 (related to the family by birth, marriage, or adoption), headed by either women or men without spouses present in the home.

Significance

The percentage of families headed by single parents—usually women—has risen steadily over the past few decades and is a growing worry among policy makers and the public. In the early 1960s, over one quarter of all children under 18 in the United States lived with single parents. Of these, 35 percent lived with parents who had never married and 37 percent lived with divorced parents. Based on current rates, analysts project that half of all children today will spend at least some part of their childhood in single-parent families.

Impact

A child growing up in a single-parent family is more likely to face problems in late adolescence and early adulthood.

- Twenty-nine percent of children living in one-parent households at age 14 will not graduate from high school by age 20, among children living in two-parent families, only 13 percent will fail to graduate.[7]

- Seventeen percent of young men from single-parent families go through extended periods of not working and not going to school, compared with 12 percent of young men from two-parent families.[8]

- Twenty-seven percent of young women from single-parent families give birth while they are teenagers, compared with 11 percent of young women from two-parent families.[9]

- In 1992, 38 percent of divorced mothers and 66 percent of never-married mothers with children under 18 had incomes below the poverty line.[10]

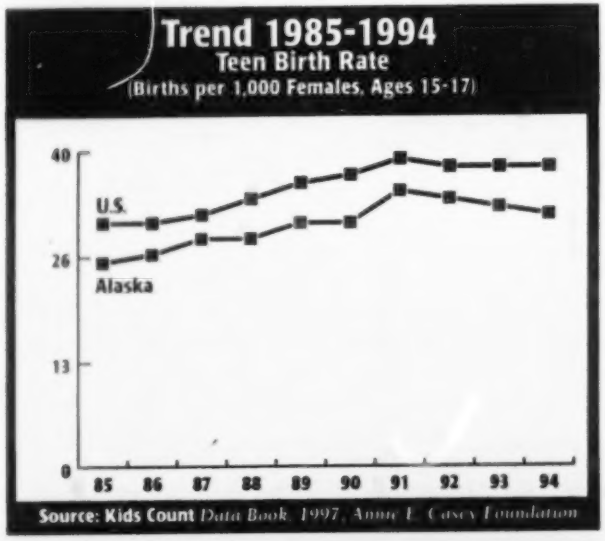
What About Alaska?

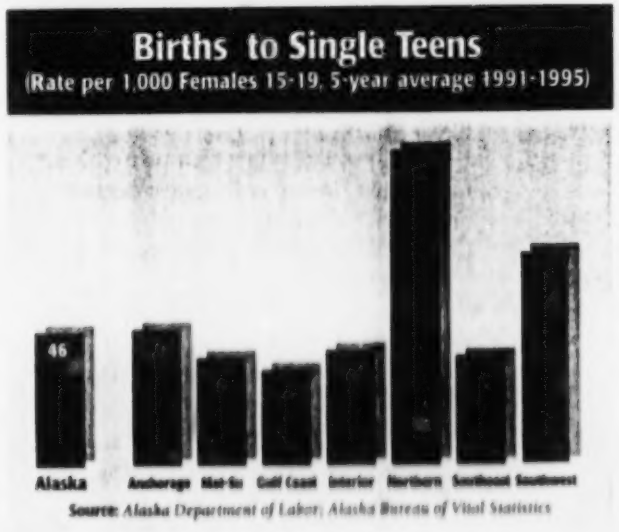
The most current regional figures for Alaska are from the 1990 federal census. At that time, more than one in five (21.8 percent) of Alaskan families with children were headed by single parents, with the regional percentages varying from 19 in the Gulf Coast and Interior regions to nearly 33 percent in the Northern region.

Data from the national Kids Count program show that in 1994 Alaska was just about at the national average, with 25 percent of families headed by single parents. But the share of Alaska families headed by single parents has risen over the past decade, increasing about 14 percent between 1985 and 1994.[11]

BEST COPY AVAILABLE

Births to Teens





Definition

This indicator measures births per 1,000 girls ages 15-17. (Before 1993, the national Kids Count program calculated this indicator based on births to *single* teens 15-19. The Alaska regional graph is calculated with data based on that previous definition.)

Significance and Impact

Teenage childbearing reduces opportunities for both mothers and children. The adolescent mother is less likely to seek prenatal care (as shown in the Prenatal Care indicator on pages 12 and 13) and less likely to finish high school. She is more likely to be single, poor, isolated, and depressed.[12]

Failure in school, delinquency, emotional difficulties, and other problems are more common among children born to single, teenage mothers.[13]

What About Alaska?

From 1991-1995, Alaska's average rate of births to single teens (15-19) was 46 per 1,000 teenage girls, with regional rates as low as 32 and as high as 109.

Remember that these regional figures include 18- and 19-year-old mothers, who since 1993 have been excluded from the national Kids Count indicator. As of 1992, the last year for which we have comparable national figures, Alaska's rate of births to single teens was close to the national average —43.7 per 1,000 girls (15-19) as compared with 42.5 per 1,000.[14]

Child Care

Significance

Safe, reliable, and affordable child care has often been hard for families to find in recent decades, as more and more mothers moved into the work place. Now, such child care is likely to become even harder to get, in the wake of federal welfare reform that limits how long individuals can collect welfare payments. According to the *Anchorage Daily News*, 4,000 Alaskan must move off the welfare rolls and into jobs by July 1998.[15]

Most of those moving off welfare nationwide will be able to qualify only for low-paying jobs. And for many working-poor and low-income parents, child care options are sharply limited. National studies indicate that working-poor families face several disadvantages, compared with higher-income families. The working poor

- are more likely to work nonstandard hours, when most child care centers and family day care homes are closed
- spend a substantially higher proportion of their budgets on child care
- are the least likely to receive child care subsidies, and are often unaware of aid programs that do exist
- are more likely to rely on relatives for child care[16]

Recent studies indicate that working-poor parents are not happy with the child care choices they have.[17]

- Most single, poor, and teenage mothers would change their child care arrangements if they could.
- Parents who rely on relatives for child care are most likely to want to change arrangements; those using child care centers are least likely to want to change.
- Low-income parents are increasingly looking for child care centers for their older preschool children, citing improved child safety, learning opportunities, and reliability as reasons.

Potential Effects on Alaska's Children

As more Alaskan families move into the labor market, more children will be:

- in need of high-quality but low-cost care
- at risk of being abused or neglected because parents may turn more to informal and multiple child care providers and will likely be under more stress
- at risk for accidents if they don't have reliable and safe child care and if parents working nonstandard hours or rotating schedules supervise them less

Provisions of Welfare Reform

Information provided by Carla Timpone and Sherrie Goll of the Child Care and Development Fund

Several provisions of federal welfare reform (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) affect child care. Welfare is no longer considered an entitlement, and the new law eliminates federal guarantees of child care assistance for welfare recipients and of one year of transitional child care assistance for families leaving welfare. But to help parents meet the requirements for moving into the work force, Congress increased child care funding for families on welfare, moving off welfare, or at risk of going on welfare.

At the same time it eliminated some federal guarantees, Congress provided states with block grants and gave them the authority to determine their own child care programs. Alaska's child care programs:

- guarantee child care assistance to families on welfare
- guarantee one year of transitional child care help for families moving off welfare
- increase the number of children receiving meals in child care by expanding access to the child care food program

Child Care Licensing

One way to help make child care facilities safer and healthier for children is to require them to be licensed. In Alaska, the Division of Family and Youth Services licenses child care facilities. As of October 1997, 717 facilities—including child care centers and homes—with 15,543 available slots were licensed in various communities across the state. Almost half of Alaska's licensed child care facilities are in Anchorage.

Other state agencies are also involved in setting, monitoring, and enforcing standards for larger child care facilities. The Alaska Department of Education has a certification program for preschools for children ages 3 to 5 that is similar to DFYS's child care licensing program. The Department of Public

Summary of Alaska's Licensed Child Care Facilities and Their Capacity, October 1997

Region/City	Number of Homes	Capacity of Homes	Number of Group Homes	Capacity of Group Homes	Number of Centers	Capacity of Centers	Total No. All Facilities	Capacity of Facilities
Muni. Of Anchorage[a]	256	1,445			103	6,333	359	7,778
Anchorage	235	1,329			103	6,333	338	7,662
Chugiak	3	18					3	18
Eagle River	18	98					18	98
Mat-Su	19	144	6	68	21	920	46	1,132
Bodenburg Butte	1	8					1	8
Houston					1	20	1	20
Palmer	6	46	2	24	10	443	18	313
Sutton	1	8			1	25	2	33
Wasilla	11	82	4	44	9	432	24	558
Interior	64	452	10	116	34	1,428	108	1,996
Delta Junction	1	8					1	8
Fairbanks	42	288	5	58	27	1,203	74	1,549
Fort Yukon					1	5	1	5
Healy	1	8			1	25	2	33
North Pole	20	148	5	58	5	195	30	401
Northern	1	8			5	326	6	334
Barrow					1	92	1	92
Kotzebue					1	94	1	94
Nome	1	8			2	105	3	113
Point Hope					1	35	1	35
Gulf Coast	37	432	5	60	19	984	81	1,506
Anchor Point	1	8					1	8
Cordova					2	88	2	88
Glennallen	1	6			1	30	2	36
Homer	11	92	1	12	1	30	13	134
Kenai	9	65	1	12	2	147	12	224
Kodiak	13	141			5	190	20	331
Seldovia					1	65	1	65
Seward	2	16			2	70	4	95
Soldotna	10	117	3	36	3	247	22	400
Sterling	2	13					2	15
Valdez					2	98	2	98

BEST COPY AVAILABLE

Child Care (continued)

Summary of Alaska's Licensed Child Care Facilities and Their Capacity, October 1997 (cont.)

Region/City	Number of Homes	Capacity of Homes	Number of Group Homes	Capacity of Group Homes	Number of Centers	Capacity of Centers	Total No. All Facilities	Capacity of Facilities
Southwest	3	12			4	179	7	191
Atmautluak	1	6			1	20	2	26
Bethel	1	6			1	75	2	81
Dillingham					1	30	1	30
St. Paul					1	24	1	24
Unalaska					1	30	1	30
Southeast	60	463	12	142	38	2,001	110	2,606
Craig	1	8			1	47	2	55
Haines	4	30	1	12	2	48	7	90
Juneau	26	204	5	58	17	1,147	48	1,409
Ketchikan	10	73	3	36	6	224	19	333
Klawock	1	8					1	8
Metlakatla					1	41	1	41
Mount Edgecombe					1	22	1	22
Petersburg	1	8			1	90	2	98
Sitka	10	79			8	345	18	424
Skagway			1	12	1	37	2	49
Thorne Bay			1	12			1	12
Ward Cove	1	8					1	8
Wrangell	6	43	1	12			7	55
Total[b]	439	2,976	33	386	223	12,181	717	15,543

[a] *The Municipality of Anchorage has authority to license day care centers, and the municipality also assists the state in issuing licenses for homes offering child care. This is the only municipal level licensing partnership in Alaska.*

[b] *The table does not include child care facilities on military posts.*

Source: *Facilities Management System, Division of Family and Youth Services, Alaska Department of Health and Social Services.*

58

BEST COPY AVAILABLE

59

Notes

[1] *Annual Update of the HHS Poverty Guidelines.* Department of Health and Human Services, in Federal Register, March 10, 1997 (Volume 62, Number 46).

[2] J. K. Knitzer and J. L. Aber, "Young children in poverty: Facing the facts." In *American Journal of Orthopsychiatry,* 1995, 65 (2), 174-176.

[3] *Kids Count in Nebraska,* 1995.

[4] *Invest in Our Children. An interim report from the child health planning work group to the governor and the people of Alaska,* Volume II. "Needs Assessment and Demographic Profile of Alaska's Children," Alaska Department of Health and Social Services, October 1994, p. 12.

[5] *Invest in Our Children. Strategic Plan,* p. 17.

[6] *Healthy Alaskans 2000:* Changing the course of Public Health for the Decade, Alaska Department of Health and Social Services, February 1994, p. 135.

[7] *Patterns, Causes, and Consequences of Out-of-Wedlock Childbearing: What Can Government Do?,* University of Wisconsin-Madison, Institute for Research on Poverty, IRP Special Report. Welfare Reform in the 104th Congress. Congressional Forum II, SR #64, May 1995, p. 29.

[8] Ibid.

[9] Ibid.

[10] Ibid.

[11] *Kids Count Data Book,* 1997.

[12] *Adolescent Health:* Volume II. "Background and effectiveness of selective prevention and treatment services." Congress of the United States, Office of Technology Assessment, OTA-H-466, Washington D.C., U.S. Government Printing Office, November 1991., p 323-356.

[13] *Adolescent Health* Volume II, p. 323-356.

[14] *Kids Count Data Book,* 1995.

[15] L. Ruskin (May 4, Sunday, 1997). "State agencies brace for a launch of next years welfare reform." *Anchorage Daily News, p.B-8.*

[16] *New findings on children, families, and economic self-sufficiency: Summary of a research briefing.* (http://www.nap.edu/readingroom/books/findings/dechild.html). Board on Children and Families (1995) *Child care for low-income families: Summary for two workshops.* (p.4) D.A. Phillips (Ed.) Washington, D.C.: National Academy Press.

[17] Board on Children and Families. *New findings on children, families, and self-sufficiency: Summary of a research briefing,* Hofferth, (1995), p.16.

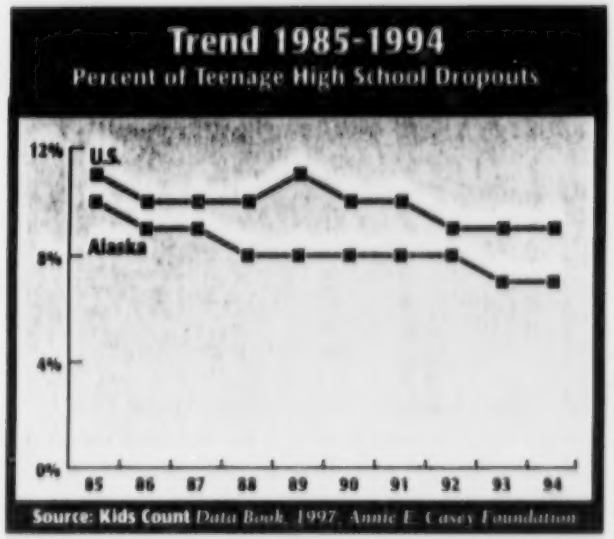
[18] *The Governor's Conference on Youth and Justice,* 1996, p. 161.

[19] Ibid.

[20] Ibid.

Education

Teens Who Are High School Dropouts



Definition

The graph above shows the percentage of teens, ages 16-19, who are not enrolled in school (either full time or part time) and who have not graduated.

Significance

Graduating from high school is a stepping stone to both post-secondary education and good jobs. Students from lower-income families are more likely to drop out of school.

Impact

• The poverty rate for high school dropouts is ten times that of college graduates.[1]

• College graduates earn twice the annual income of adults with only high school diplomas and three times the income of high school dropouts.[2]

• In 1994 the dropout rate among kids from low-income families was five times as high as that among kids from more affluent families.[3]

• In poor school districts, 13-year-olds have math skills comparable to those of 9-year-olds in wealthier districts.[4]

- Between 1992 and 1993, 5.1 percent of high school dropouts fell into poverty, compared with only 1.8 percent among those with at least high school diplomas.[5]
- The average hourly rate (adjusted for inflation) of high school dropouts fell by 23 percent between 1973 and 1995.[6]
- In a lifetime, a male high school dropout will earn $260,000 less than a high-school graduate; a female high-school dropout will earn $200,000 less.[7]
- Each year's dropouts, over their lifetimes, cost the nation about $260 billion in lost earnings and forgone taxes.[8]
- Dropouts require 35 percent more special services than high school graduates.[9]
- The estimated lifetime lost earnings from Alaska's 1991 dropouts will be over $500 million.[10]
- Among U.S. prisoners, 82 percent are high school dropouts. In Alaska, the annual maintenance cost per prisoner in recent years has been $35,000.[11]

What About Alaska?

Information for this section provided by the Teacher and Learning Support Division of the Alaska Department of Education.

As measured by the national dropout indicator, the percentage of high school dropouts in Alaska is below the national average. Alaska's rate declined in the early 1990s and held steady between 1993 and 1994.[12]

The Alaska Department of Education has several criteria for defining dropouts, including: students who have left school without graduating or completing an approved program; students who have moved out of the district or the state and are

Teens Who Are High School Dropouts (continued)

Average Annual GED Recipients, By Age, 1994-1996

Age	Average Number of GED Examinations	Average Number of GED Recipients
16-19	1,474 (46%)	913 (50%)
20-24	716 (22%)	402 (22%)
25-29	323 (10%)	173 (9%)
30-34	266 (8%)	137 (8%)
35-39	211 (7%)	117 (6%)
40+	224 (7%)	98 (5%)
Total	3,214 (100%)	1,840 (100%)

Spotlight on Prevention: Adult Basic Education and Literacy Program

Information on GED (General Educational Development) was provided by Angie Bibbley, Adult and Vocational Education, Alaska Department of Education

Alaskans who drop out of high school still have a chance to avoid the problems high school dropouts face. People 16 and over who are not enrolled in high school and who have no high school diploma are eligible to enroll in the Adult Basic Education (ABE) and Literacy Program offered by the Alaska Department of Education. There are currently 17 local and regional ABE centers in 16 communities around the state. Course offerings include English as a second language, reading and literature, writing, math, science, social studies, and computer literacy. ABE courses also teach skills residents need to get jobs or become citizens.

All ABE centers offer testing for General Educational Development (GED) diplomas. The table above shows that an annual average of 1,840 applicants received GED certificates from 1994 to 1996. Certificates awarded to teens and young adults (16 to 24) account for a big share (more than 70 percent) of all certificates awarded.

Dropouts By Ethnicity, Grades 7-12, 1995-96 School Year

Ethnicity	Percentage of Total Enrollment	Percentage of Total Dropouts
White	66.9	58.5
Alaska Native/ American Indian	21.8	29.5
Black	4.5	3.8
Hispanic	2.6	4.7
Asian	4.3	3.3

Source: *Alaska Department of Education, Report Card to the Public, School Year 1995-96, April 1997*

BEST COPY AVAILABLE

Teens Who Are High School Dropouts (continued)

Alaska's High School Dropouts, 1995-96 School Year

Region/District	Number of Dropouts 9-12	Number Enrolled 9-12	Dropout Rate 9-12
Alaska State Total	1907	34,234	5.6%
Anchorage Schools	392	12,543	3.1%
Matanuska-Susitna Borough Schools	252	3,514	7.2%
Gulf Coast Region			
Chugach Schools	3	39	7.7
Copper River Schools	4	169	2.4
Cordova City Schools	4	149	2.7
Kenai Peninsula Borough Schools	164	2,946	5.5
Kodiak Island Borough Schools	21	851	2.5
Valdez City Schools	12	235	5.1
Regional Total	208	4,389	4.7%
Interior Region			
Alaska Gateway Schools	8	156	5.1
Delta/Greely Schools	17	263	6.5
Denali Borough Schools	0	120	0
Fairbanks N. Star Borough Schools	499	4,284	11.6
Galena City Schools	2	30	6.7
Iditarod Area Schools	2	103	1.9
Kuspuk Schools	5	114	4.4
Nenana City Schools	5	47	10.6
Tanana Schools	0	23	0
Yukon Flats Schools	6	121	5.0
Yukon/Koyukuk Schools	5	168	3.0
Regional Total	549	5,432	10.1%
Northern Region			
Bering Strait Schools	17	369	4.6
Nome City Schools	1	192	.5
North Slope Borough Schools	30	358	8.4
Northwest Arctic Borough Schools	38	393	9.5
Regional Total	86	1,312	6.5%

Alaska's High School Dropouts, 1995-96 School Year

	Number of Dropouts 9-12	Number Enrolled 9-12	Dropout Rate 9-12
Southeast Region			
Alyeska Central School*	26	622	4.2
Annette Islands	3	140	2.1
Chatham Schools	8	91	8.8
Craig City Schools	0	110	0
Haines Borough Schools	3	153	1.9
Hoonah City Schools	5	83	6.0
Hydaburg City Schools	N/A	28	N/A*
Juneau Borough Schools	88	1,574	5.6
Kake City Schools	4	51	7.8
Ketchikan Gateway Borough Schools	80	870	9.2
Klawock City Schools	4	66	6.1
Mt. Edgecumbe High School	1	282	.4
Pelican City Schools	0	7	0
Petersburg City Schools	1	204	.5
Sitka Borough Schools	42	528	8.0
Skagway City Schools	3	45	6.6
Southeast Island Schools	8	101	7.9
Wrangell City Schools	6	143	4.2
Yakutat City Schools	4	50	8.0
Regional Total	286	5,150	5.6%
Southwest Region			
Aleutian Region Schools	N/A	5	N/A
Aleutians East Borough Schools	9	89	10.2
Bristol Bay Borough Schools	1	73	1.4
Dillingham City Schools	13	115	11.3
Kashunamiut Schools	3	54	5.6
Lake and Peninsula Borough Schools	3	114	2.6
Lower Kuskokwim Schools	48	753	6
Lower Yukon Schools	32	336	9.5
Pribilof Island Schools	3	37	8.1
Southwest Region Schools	11	114	9.6
Saint Marys Schools		23	0
Unalaska City Schools	4	81	4.9
Yupiit Schools	7	94	7.4
Regional Total	134	1,887	7.1%

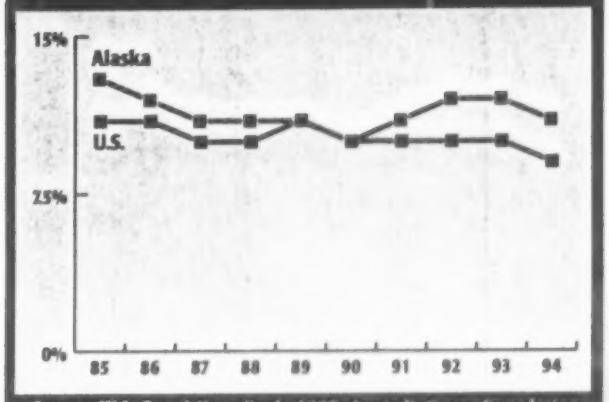
*State-run correspondence school with students statewide.

Source: Alaska Department of Education, Division of Teacher Learning and Support

BEST COPY AVAILABLE

Teens Not Working and Not in School

Trend 1985-1994: Percent of Teens Not Attending School and Not Working



Source: Kids Count *Data Book, 1997, Annie E. Casey Foundation*

Definition

This indicator reflects the percentage of teenagers, 16-19, who are not enrolled in school (full-time or part-time), are not in the labor force, and are not in the military.

Significance

Young people who spend extended periods without going to school, holding jobs, or enlisting in the military are without any positive path to independent adulthood. These have been described as America's "disconnected" youth.[13]

Impact[15]

- One in three Americans between the ages of 16 and 23 stumble on the road to adulthood, spending a half year or more disconnected from society.

- Nearly 90 percent of those who are without jobs and out of school in late youth (ages 20 to 23) were first disconnected as teens.

- An estimated 37 percent of young women and 30 percent of young men who have been disconnected from society for three or more years are at risk of giving birth to or fathering a child before age 18.

- Long-term disconnected young people are 13 times more likely to be poor as young adults (ages 26-28). Poverty rates among the disconnected are 44 percent for men and 56 percent for women, as compared with 3 to 4 percent among men and women who have kept their connections to society through jobs or school or the military.

What About Alaska?

Alaska's share of teens not working and not in the labor force is above the national average–11 percent as compared with 9 percent–but it did decline between 1993 and 1994.

The most recent regional data for this indicator is from the 1990 U.S. census. At that time, regional percentages of Alaska teens not in school and not in the labor force ranged from 6 (in Interior Alaska) to 13.4 (in Southwest Alaska).[16]

Notes

[1] Reported in *1997 Kids Count Book*, p. 5 (from U.S. Bureau of the Census, 1996, "Money Income in the United States, 1995" *Current Population Reports*, Series P 60-193, U.S. Government Printing Office, Washington D.C., September, Table 9)

[2] Ibid

[3] Reported in *1997 Kids Count Book*, p. 6 (from U.S. Department of Education, 1996, *Dropout Rates in the United States 1994*, Office of Educational Research and Improvement, Washington, DC., p. 10)

[4] Ibid

[5] Reported in *1997 Kids Count Book*, p. 16 (L. Mishel, J. Bernstein, and J. Schmitt, 1996, The State of Working America 1996-97, M.E. Sharpe, Armok, N.Y., p. 169)

[6] Ibid

[7] *Alaska's adolescents: A plan for the future*, Alaska Department of Health and Social Services, 1994, p. 79

[8] Ibid

[9] Ibid

[10] Ibid

[11] Ibid

[12] *Kids Count Data Book, 1997*

[13] Alaska Department of Education (April 1997), *Summary of Alaska's Public School Districts, Report Cards to the Public*, School year 1995-96, p. 12

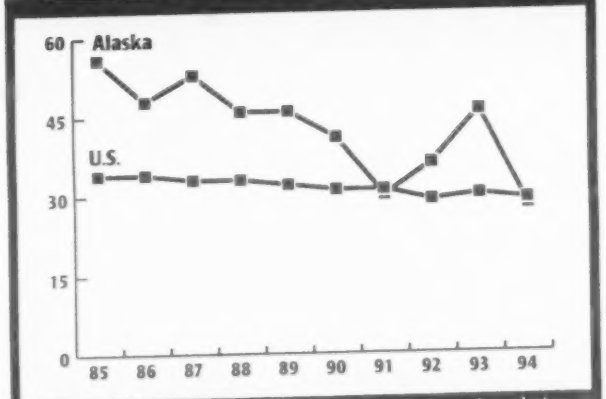
[14] B.V. Brown, *Who are America's disconnected youth?* Final report prepared for the America Enterprise Institute, March 1996

[15] The impact statements below are based on the study by B. V. Brown, cited in note 14. That study uses a more conservative definition of "disconnectedness" than Kids Count does. It includes not only teenagers not enrolled in school (full-time or part-time), not in the labor force, and not in the Armed Forces, but also teenagers not married to someone in school or working.

[16] Our calculation of this indicator for Alaska differs somewhat from the national measure—partly because in order to do regional comparisons we used a different source of information (the U.S. census instead of the Current Population Survey) and partly because we excluded unemployed teens.

Children in Danger

Trend 1985-1994: Child Death Rate
(Deaths per 100,000 children ages 1-14)



Source: Kids Count *Data Book, 1997, Annie E. Casey Foundation*

Definition

The child death rate is the number of deaths from *all* causes—including both illness and injury—per 100,000 children ages 1-14. (A later indicator, Injury to Children, reports injuries and injury-related deaths.) The data are reported by child's place of residence, not place of death.

Significance

The death rate among children is an indication of whether children are safe and supervised, and are receiving adequate nutrition and health care. Mortality drops sharply after the first year of life. However, many children are exposed to high risks as they become adolescents.

The child death rate in the United States has fallen in recent years, due largely to improved medical care and reduced rates of motor vehicle accidents—a major cause of death among children. Despite the overall decline in the child death rate, however, some children—especially poor children living in dangerous neighborhoods—still face hazardous conditions.

Impact

- The primary cause of death for children of all ages in the United States is unintentional injury—which is often preventable.[1] (See Injury to Children indicator beginning on page 40.)

- Motor vehicle crashes are the single largest cause of injury death for American children between ages 1 and 9. Following motor vehicle crashes, fires and related burns and drownings are the leading causes of unintentional injury deaths among American children. The death rates from fire and drowning among children ages 1–4 are approximately three times the rates among children ages 5–9.

- The rate of child deaths from homicide nearly tripled between 1950 and 1991. Homicide is now the fourth leading cause of death among children ages 1 to 9.[2]

- According to a 1990 estimate, approximately 3,600 children die each year, 20,000 become permanently disabled, 350,000 are hospitalized, and 15 million visit the emergency room because of unintentional injuries.[3]

BEST COPY AVAILABLE

Child Death (continued)

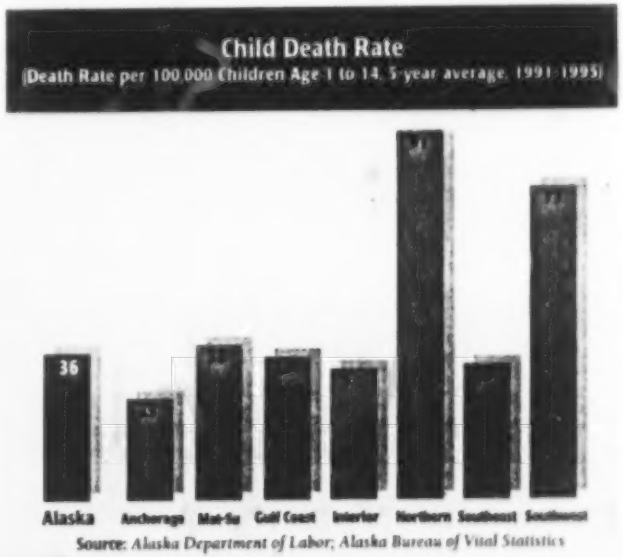
What About Alaska?

The national **Kids Count** indicator shows a sharp drop in Alaska's child death rate between 1993 and 1994—so that Alaska's rate for deaths from the combination of illness and injury in 1994 was roughly the national average. In the recent past, the child death rate in Alaska was the highest in the nation.

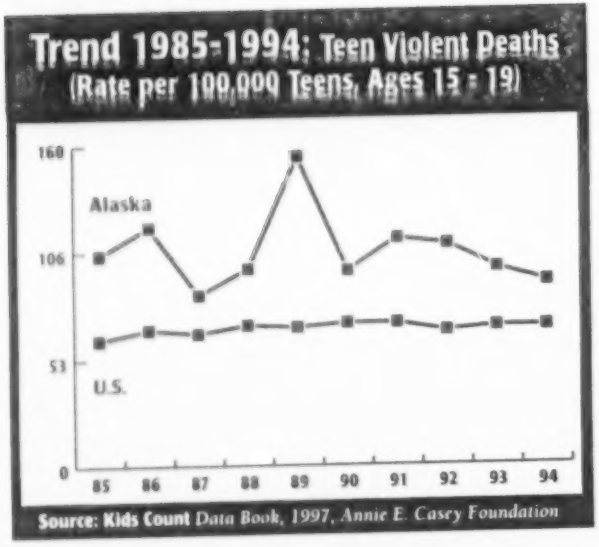
Part of the explanation for that sudden drop from one year to the next may be that Alaska has a relatively small population of children. As we discussed at the beginning of this book, relatively small changes in numbers in small populations can make a sharp change in rates. Still, the overall trend in Alaska's child death rate has been down over the past decade.

Looking at an average over several years—as we do in our regional calculations—helps compensate for the abrupt fluctuations we can see in small populations. From 1991 through 1995, the average child death rate in Alaska was 36 per 100,000, with regional rates varying from a high of 91 in the Northern region to a low of 25 in the Anchorage area.

Although the overall child death rate from all causes is down, the death rate from injuries remains tragically high, as we'll discuss in the Injury to Children indicator on page 40.



Teen Violent Death



Definition

The teen violent death rate is the number of deaths from homicides, suicides, and accidents per 100,000 teens ages 15-19. The data are reported by place of residence, not by place where death occurred.

Significance

Teen deaths in vehicle accidents declined in the U.S. over the past decade (from 8,202 in 1985 to 6,565 in 1994), but homicides more than doubled (from 1,602 to 3,369).[7] The growth of gangs and increased availability of handguns are often cited as causes of the rise in teen violent deaths.

Impact

- Nearly 80 percent of all deaths among 15- to 19-year-olds in the U.S. in 1994 were due to accidents, homicides, or suicides.

- The average cost of a teen death by violence in the U.S. is close to $374,000—the highest for any cause of death.[7]

- Nationwide, three out of four homicide victims and two out of three suicide victims under 25 die from gunshot wounds.[7]

- Gunshot wounds of U.S. teens cost an estimated $18.6 billion annually—$12 billion for assault, $4.1 billion for suicide, and $2.5 billion for unintentional injury.[8]

- Black youths have the highest homicide rates in the nation, Hispanic youths the second highest. American Indian and Alaska Native youths have the highest suicide rates.[9]

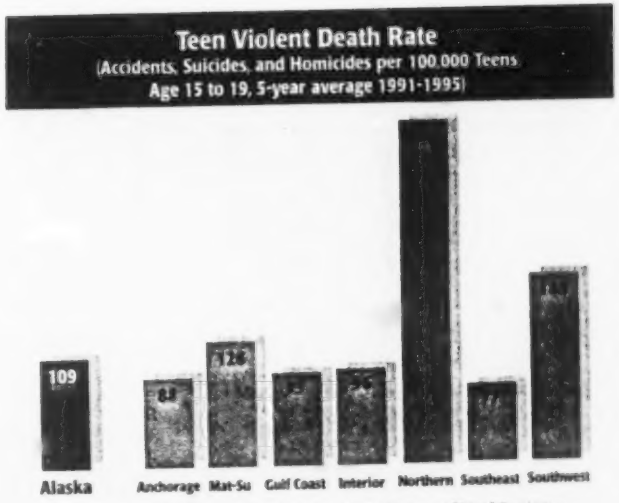
What About Alaska?

From 1991 through 1995, Alaska's violent death rate averaged 109 per 100,000 teens with regional rates from 77 per 100,000 in the Southeast to 346 in the Northern region.

- Young Alaska Native men are at especially high risk of dying violent deaths.[10]

- Fatal injuries among Alaskan teens each year cost an estimated $48 million in lifetime lost productivity.[11]

- An estimated 2,600 years of potential life are lost yearly when Alaskan teens die violent deaths.[12]



BEST COPY AVAILABLE

Injury To Alaska's Children

Information for this indicator is from the Alaska Department of Health and Social Services' 1997 report, Serious and Fatal Child and Adolescent Injuries in Alaska, 1991-1994. *by Martha Moore*

Definition

The Department of Health and Social Services recently examined injuries—both intentional and unintentional—that resulted in death or hospitalization (for at least 24 hours) among children and adolescents 19 and under in Alaska from 1991 through 1994.

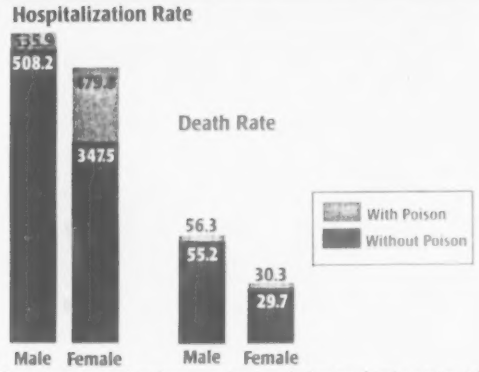
Injuries the department studied are traumas, burns, drownings, near drownings, hypothermia, suffocation, and poisonings.

The figures in this indicator report two separate measures of injury: *hospitalization rates* for children who are badly injured, and *death rates* for children who are killed by injuries.

Significance

Alaska's injury death rate among children and teenagers was still the highest in the nation in the mid-1990s, despite declines over the past decade. But unlike many other threats to children discussed in this book, accidental injuries can often be prevented without much cost or complication.

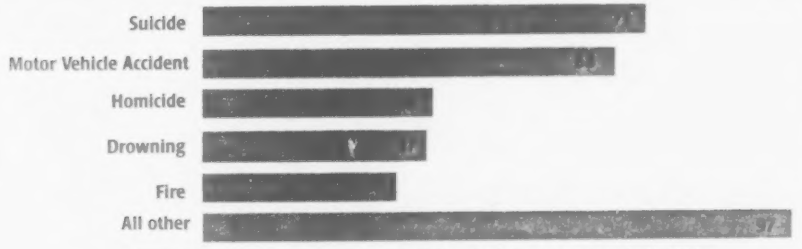
Death and Hospitalization Rates by Sex, 1991-1994 (Rates Per 100,000, Age 19 and Under)



Deaths and hospitalizations resulting from poisonings (mainly drug overdoses) are estimated. Data on poisoning was first collected in 1994; estimates for poisonings from 1991-1994 are based on 1994 data.

Source: Alaska Department of Health and Social Services, *Serious and Fatal Child and Adolescent Injuries in Alaska, 1991-1994*

Leading Causes of Injury Death, Ages 19 and Under Alaska, 1991 - 1994 (Total Deaths: 345)



Source: Alaska DHSS, *Serious and Fatal Child and Adolescent Injuries, 1991-1994*

As the Department of Health and Social Services points out, simple but crucial things like making sure children wear life jackets when they're on the water, or helmets when they're riding bikes or snowmachines, could stop many injuries and deaths. The safer playground equipment now being installed in many areas will reduce risks of falls (which are a major cause of injury to younger children) and other playground accidents.

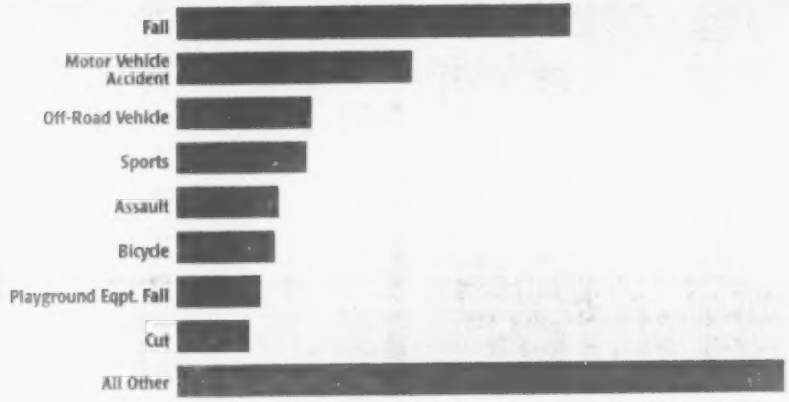
Impact

- Boys are killed by injuries far more often than girls in Alaska. The injury death rate among boys 19 and under was about 55 per 100,000 from 1991-1994, compared with 30 per 100,000 among girls.

- Hospitalizations for injuries are also more common among boys than girls in Alaska. But the difference shrinks if we include estimated hospitalizations because of poisonings. In small children, poisonings are almost always accidental ingestion of something poisonous. But in adolescents (especially girls 15 to 19), poisonings are often intentional

BEST COPY AVAILABLE

Leading Causes of Injury Hospitalization Age 19 and Under Alaska, 1991-1994 (Total Hospitalizations: 3,425)



Source: Alaska DHSS, *Serious and Fatal Child and Adolescent Injuries, 1991-1994*

overdoses of drugs. With poisonings included, girls 19 and under had a hospitalization rate of 480 per 100,000, compared with a rate of 536 per 100,000 among boys.

- Injuries that most often kill Alaskas children and teenagers are suicides and car accidents, followed by homicides, drownings, and fires.

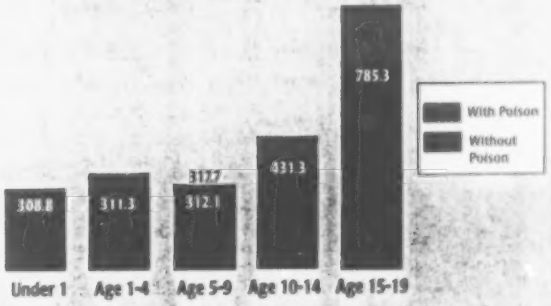
- Falls and car accidents most often send Alaskas children and teenagers to the hospital. Accidents with off-road vehicles and in sports also hurt many.

- Older children (15 to 19) are hospitalized much more often—particularly when estimated hospitalizations due to poisoning are included.

- Children 4 and under are most likely to be hurt in falls, but children up to age 14 often suffer serious falls.

- Suicides and suicide attempts are the leading causes of death and hospitalization among 15- to 19-year-olds. Older teenagers are also often hurt or killed in car and off-road vehicle accidents and in homicides and assaults. Many are injured taking part in sports.

Hospitalization Rates Among Alaska's Children (19 and Under) By Age, 1991-1994* (Rates per 100,000)



**Hospitalizations resulting from poisonings (mainly drug overdoses) are estimated. Data on poisoning was first collected in 1994; estimates for poisonings from 1991-1994 based on 1994 data.*

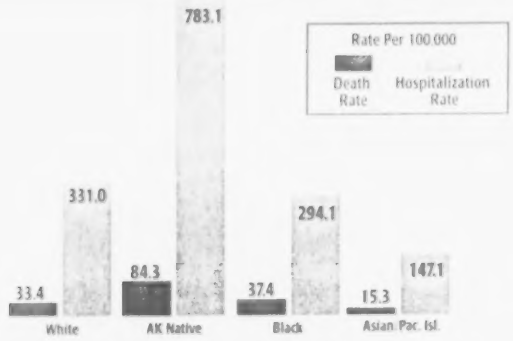
Source: Alaska Department of Health and Social Services, *Serious and Fatal Child and Adolescent Injuries in Alaska, 1991-1994*

BEST COPY AVAILABLE

Injury To Alaska's Children (continued)

- Alaska Native children are far more likely than children of other races in Alaska to die from injuries or to be seriously hurt. The rates of death and hospitalization from injuries are more than twice as high among Native children as among any other children. The lowest rates of injury and death are among Asian children.

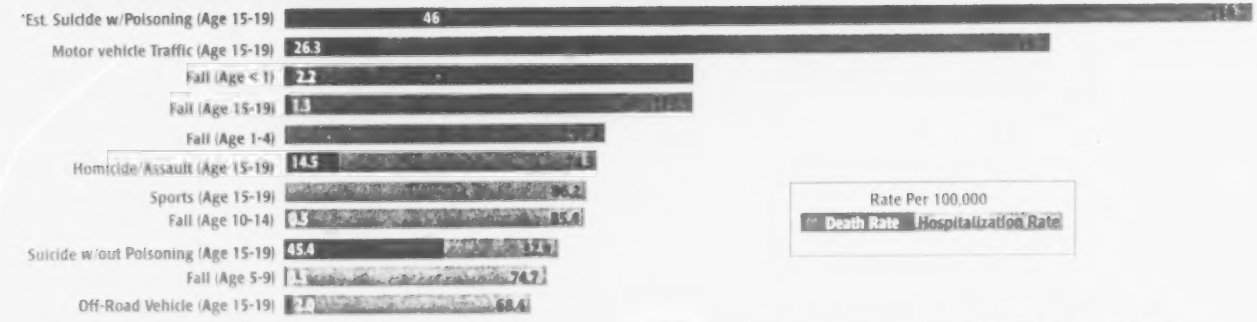
Death and Hospitalization Rates, 19 and Under, by Race Alaska, 1991-1994



Hospitalizations resulting from poisonings (mainly drug overdoses) are estimated. Data on poisoning was first collected in 1994; estimates for poisonings from 1991-1994 based on 1994 data.

Source: Alaska Department of Health and Social Services, *Serious and Fatal Child and Adolescent Injuries in Alaska, 1991-1994*

Rates of Injury Hospitalization and Death, by Major Injury Causes and Age, Alaska, 1991-1994



Hospitalizations resulting from poisonings are estimated. Data on poisoning was first collected in 1994; estimates for poisonings from 1991-1994 based on 1994 data.

Source: Alaska Department of Health and Social Services, *Serious and Fatal Child and Adolescent Injuries in Alaska, 1991-1994*

BEST COPY AVAILABLE

Child Abuse and Neglect

Definition

Child abuse is an act—or a failure to act—by a person with custodial responsibility for a child, resulting in actual or threatened danger to the child's physical or emotional well-being.[15] Neglect includes emotional, medical, or physical neglect, or a failure to thrive.[15]

Child protection agencies may receive more than one report of neglect or abuse for the same child—so cases of abuse can be reported in *duplicated* numbers (including more than one case for the same child) or *unduplicated* numbers (with each child reported only once). Duplicated cases show an agency's workload. Unduplicated cases show the actual numbers of children suffering abuse.

The figures in this section report mainly *unduplicated* cases. But the figure on page 44 shows both duplicated and unduplicated reports of abuse that the Alaska Division of Family and Youth Services handled in FY 1997. That figure makes it clear that the agency's workload is much higher than unduplicated counts show.

There is also a big difference between *total reports* of suspected abuse (which may not all be substantiated) and *substantiated cases*. Experts disagree about which measure best shows actual levels of child abuse.[16]

Here we report information in both ways, always making the distinction clear. Under "What About Alaska" on page 44, we discuss the complexities of reporting child abuse and describe how the Alaska Division of Family and Youth Services categorizes reported cases of child abuse and neglect.

Significance

Child abuse and neglect lead to physical, emotional, and social problems for children and families—including psychiatric and behavioral disorders, delayed development, permanent disability, poor academic performance, delinquency and deviant behavior, anxiety and depression, alcoholism and substance abuse, suicide, teen pregnancy, and domestic and criminal violence.

The economic consequences of child abuse and neglect are staggering, including the costs of foster care, court services, counseling, specialized education, and medical care for victims.[17]

Impact

- Research indicates that victims of child abuse are at higher risk of abusing their own children when they become parents.[18]
- In 1994, an estimated 1,271 American children—over three children a day—died from abuse and neglect.[19]
- Neglect was the largest single category of child abuse nationwide in 1992, accounting for 43 percent of substantiated cases.[20]
- A majority (62 percent) of pregnant teens or teens with children report having been sexually abused as children.[21]
- Ninety percent of juvenile and adult offenders report being abused as children.[22]
- The majority of child deaths nationwide due to abuse and neglect occur among children under the age of two.[23]
- Children under the age of five suffer 86 percent of child abuse nationwide.[24]
- Victims of child abuse and neglect are 53 percent more likely to be arrested for juvenile delinquency and 38 percent more likely to be arrested for violent crimes than children who were not abused.[25]
- Being a victim of childhood abuse increases the odds of future delinquency and adult criminality by 40 percent.[26]
- One-third of child abuse victims will become abusive parents themselves.[27]

Child Abuse and Neglect (continued)

What About Alaska?

Data for this section were provided by Roger Withington, Division of Family and Youth Services.

Interpreting Child Abuse and Neglect Rates: A Note of Caution

Reliable measures of child abuse and neglect are difficult to obtain. While some cases of suspected child abuse and neglect are never reported, other cases receive multiple reports. Furthermore, variations in the way child protective service agencies screen and investigate cases can also have a significant influence on the estimated rates of child abuse and neglect. So readers should pay careful attention to what measures of child abuse are being used—and keep in mind that a number of factors can influence the reported rates.

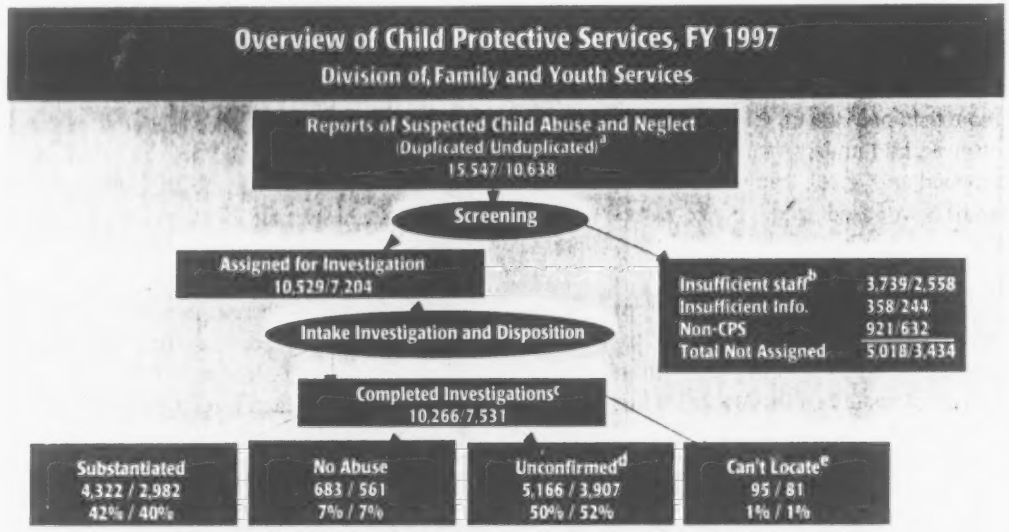
Investigation Procedures

The Division of Family and Youth Services (DFYS) in the Alaska Department of Health and Social Services investigates cases of suspected child abuse and neglect. The flow chart below shows how the division classified reports (both duplicated and unduplicated) it received in FY 1997.

Anyone who has reason to believe children are being abused can report the abuse to DFYS, which screens each report. Some cases are dropped after initial screening, for reasons cited below.

The cases assigned for investigation fall into several categories. *Substantiated* reports are those that confirm child abuse or neglect. Some investigations find *no abuse*. *Unconfirmed* reports may involve some evidence of abuse but not enough for confirmation. Finally, in a few cases, workers *can't locate* the child or family.

In FY 97 about 40 percent of the completed investigations (of both duplicated and unduplicated reports) substantiated child abuse, and another 50 percent found some evidence but not enough to confirm abuse.



[a] *Duplicated reports include more than one report of abuse of the same child; unduplicated reports include each child only once.*

[b] *Some reports are not assigned for investigation because DFYS does not have sufficient staff to investigate some reports classified as low priority; some reports can't be assigned for lack of information; and some reports (non-CPS) are in fact not reports of child abuse and neglect but rather inquiries or complaints (like questions about food stamps) that DFYS records but refers to other divisions. Some of these reports are referred to community services.*

[c] *These are investigations completed in FY 1997. Some reports assigned in FY 1997 may not have been completed that year—and some reports completed in FY 1997 may have been assigned in an earlier year.*

[d] *Cases that may show evidence of abuse but not enough to confirm.*

[e] *Agency can't locate child or family.*

Source: *Roger Withington, Division of Family and Youth Services, Alaska Department of Health and Social Services*

BEST COPY AVAILABLE

Child Abuse and Neglect (continued)

In the U.S. as a whole, the reported rates of child maltreatment were 45 per 1,000 children under 18 in 1993 and 47 per 1,000 in 1994.[92]

In Alaska, the 1992 reported rate of child maltreatment was 49 per 1,000 children under 18. By 1997, that rate was at 55—considerably above the national average, but down somewhat from 1994 and 1995.

But even though the rate of total reported cases of abuse and neglect was higher in recent years than in 1992, rates of substantiated cases actually dropped—from 17.7 per 1,000 children to 13.9 in 1996 and an estimated 15.4 in 1997. The table below shows the frequency of cases and the rate per 1,000 children for the period from FY 1992 through FY 1997.

Substantiated Child Abuse and Neglect Among Alaskan Children, by Type of Abuse, Annual Average FY92-FY96

Type of Abuse	Average No. of Cases	Rate per 1,000 children
Neglect	1,747	9.2
Physical Abuse	997	5.2
Sexual Abuse	420	2.2
Mental Injury	72	0.4
Abandonment	22	0.1

Most cases of child maltreatment in Alaska are either neglect or physical abuse. Children between 5 and 9 suffer the most abuse.

Rates of substantiated child abuse and neglect vary considerably by race in Alaska. The average annual rate, from 1992 through 1996, was 35 per 1,000 for Alaska Native children, 10 for White children, 27 for Black children, and 5.5 for Asian/Pacific Island children.

Neglect accounts for most maltreatment of Native children. White children suffer about equal rates of neglect and physical abuse, while neglect is most common among Black children. Our figures for abuse among Asian children are too small to allow us to calculate reliable rates for types of abuse.

Suspected cases of child abuse can be reported to DFYS at a toll-free number 1-800-478-4444

Trends in Child Abuse and Neglect Among Alaskan Children Under 18

Number of Unduplicated Cases and Rates (Per 1,000 Children Under 18)

	FY 1992		FY 1993		FY 1994		FY 1995		FY 1996		FY 1997	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate[b]
Reported	8,998	49.0	10,566	56.8	11,117	59.5	10,945	58.2	10,706	56.0	10,638	55.1
Not Assigned For Investigation	1,063		2,316		2,923		3,733		3,606		3,434	
Completed Investigations[a]	7,935	43.2	8,250	44.4	8,194	43.8	7,212	38.3	6,326	37.2	7,531	38.9
Substantiated	3,257	17.7	3,661	19.7	3,398	18.2	3,032	16.1	2,660	13.9	2,982	15.4
Unconfirmed	3,854	21.0	3,819	20.5	4,066	21.8	3,738	19.9	3,146	16.5	3,907	20.2
No Abuse	807	4.4	726	3.9	645	3.5	388	2.1	449	2.4	561	2.9
Can't Locate a Child	17	n/a	44	0.2	85	0.5	54	0.3	71	0.4	81	0.4

[a] Investigations completed in any given year may have begun in an earlier year.
[b] Based on preliminary 1997 Alaska population figure of 193,210 persons under 18. To be revised with final population figures in 1998 data book.
Source: *Division of Family and Youth Services, Alaska Department of Health and Social Services*

BEST COPY AVAILABLE

Child Abuse and Neglect (continued)

Substantiated Child Abuse and Neglect Among Alaskan Children, by Race, Annual Average FY92-FY96

	Average No. of Undup. Cases	Rate per 1,000 children
Race		
White	1,305	10.0
AK Native	1,410	35.0
Black	248	27.0
Asian/P. Isl.	43	5.5

Source: *Division of Family and Youth Services, Alaska Department of Health and Social Services*

Spotlight on Prevention: Healthy Families

Information provided by Debra Caldera and Michele Hansen, Healthy Families Program, Alaska Division of Public Health

Healthy Families Alaska is a voluntary home visitation program intended to reduce Alaska's high rates of child abuse by working with families most under stress and at-risk for abusing children. It's a program of the Alaska Department of Health and Social Services, begun in 1995. As of September 1997, the program served about 300 families in eight Alaska communities, at an estimated cost of $4,000 per family per year. These costs of preventing abuse are far lower than costs of placing children in foster care.

The program works with pregnant women and families with newborns who have been identified as being under high stress from social isolation, alcohol or substance abuse, mental illness, unemployment or other factors. The program uses methods proven effective in other states—including frequent visits, long-term assistance, limited caseloads for staff, and coordination with other services. An evaluation of families participating in the program for at least three months found:

- 68 percent of the parents who had reported mental health problems said they were coping with those problems
- 38 percent of the 34 parents who said they used drugs, and 42 percent of the 38 who abused alcohol, had stopped
- 43 percent of 81 parents who said there was domestic violence in their families had gotten help
- 16 percent of the 116 parents who had depended on public assistance no longer did
- 30 percent of 67 parents who were high school dropouts had completed schooling

Substantiated Child Abuse and Neglect Among Alaskan Children by Race and Type of Abuse, Annual Average FY92-FY96

Average Number of Unduplicated Cases and Rates Per 1,000 Children under 18

Race	Neglect		Physical Abuse		Sexual Abuse		Mental Injury		Abandonment	
	No. of cases	Rate	No. of cases	Rate	No. of cases	Rate	No. of cases	Rate	No. of cases	Rate
White	526	4.0	519	4.0	218	1.7	32	0.3	13	N/A
AK Native	962	23.9	275	6.8	133	3.3	27	0.7	13	N/A
Black	131	14.3	90	9.8	18	N/A	8	N/A	>1	N/A
Asian/P. Isl.	16	N/A	21	2.6	6	N/A	2	N/A	0	N/A

Source: *Raw data were provided by the Division of Family and Youth Services, Alaska Department of Health and Social Services*

N/A *means too few cases to compute an annual average or a rate.*

BEST COPY AVAILABLE

Notes

[1] *Child Health USA '93*, U.S. Department of Health and Human Services, Public Health Service, Maternal and Child Health Bureau, 1993.

[2] Ibid.

[3] *The Future of Children*, Center for the Future of Children, The David and Lucile Packard Foundation, 5 (1), Spring 1995, p. 214.

[4] *National Kids Count Data Book*, 1997, p.14.

[5] Ibid.

[6] D. Rice, E.J. MacKenzie, and Associates, *Cost of Injury in the United States*. A report to Congress by Institute for Health and Aging, University of California and Injury Prevention Center, The Johns Hopkins University, 1989. (Cited in *Alaska Injury Prevention Plan*, Department of Health and Social Services, December 1994, p. 62.)

[7] *Childhood Injury. Cost and Prevention Facts*, Children's Safety Network, funded by Maternal and Child Health Bureau, U.S. Department of Health and Human Services, 1994.

[8] Ibid.

[9] Ibid.

[10] "Violent Death: Who is Most Likely to Die?" by Matthew Berman and Linda Leask, in *Alaska Review of Social and Economic Conditions*, University of Alaska Anchorage, Institute of Social and Economic Research, February 1994.

[11] *Child and Adolescent Fatal Injury Data Book*, Children's Safety Network, funded by Maternal and Child Health Bureau, U.S. Department of Health and Human Services, 1994.

[12] Ibid.

[13] Poisonings for the period 1991-1994 are estimates by the Department of Health and Social Services, based on data from 1994, which was the first year the department collected data on poisonings.

[14] Colorado Children's Campaign, *Kids Count in Colorado*, 1994.

[15] *Kids Count in Nebraska*, 1995.

[16] Data from several national studies suggest that the prevalence of child maltreatment is several times higher than the reported numbers. However, other estimates indicate that only 35 to 50 percent of reports are substantiated upon investigation (*New York State Kids Count*, 1995). Although the use of substantiated cases as a measure of child abuse and neglect is likely to underestimate the problem, using the number of reported incidents of abuse and neglect can also be problematic. Significant increases in reporting may be due to highly publicized cases or to public awareness campaigns focused on child maltreatment. Moreover, reports of child abuse and neglect are not always supported by evidence obtained in follow-up investigations. Whether or not substantiated cases or reports are used, in some cases high rates may indicate better reporting or a reliance on lower standards of evidence. Low rates, however, may represent stricter screening of the evidence (*New York State Kids Count*, 1995).

[17] *Georgians for Children*, 1994.

[18] A. Goldstein, H. Keller, and D. Erne, *Changing the abusive parent*, Champaign, Illinois, Research Press, 1985, and Gelles, "A profile of violence toward children in the United States," in G. Gerbner, C. Ross, and E. Zigler (eds.) *Child Abuse: An agenda for action*, New York, Oxford University Press, 1980. Both sources are cited in *New York Kids Count*, 1995.

[19] D. Wiese and D. Daro, *Current trends in child abuse reporting and fatalities*: The results of the 1994 Annual Fifty State Survey, April 1995, p. 12.

[20] *Child Health USA '93*, p. 29.

[21] *Georgians for Children*, 1994.

[22] Ibid.

[23] K. McCurdy and D. Daro, *Current trends in child abuse reporting and fatalities*: the results of the Annual 1992 Fifty State Survey, National Committee to Prevent Child Abuse, Chicago, April, 1993.

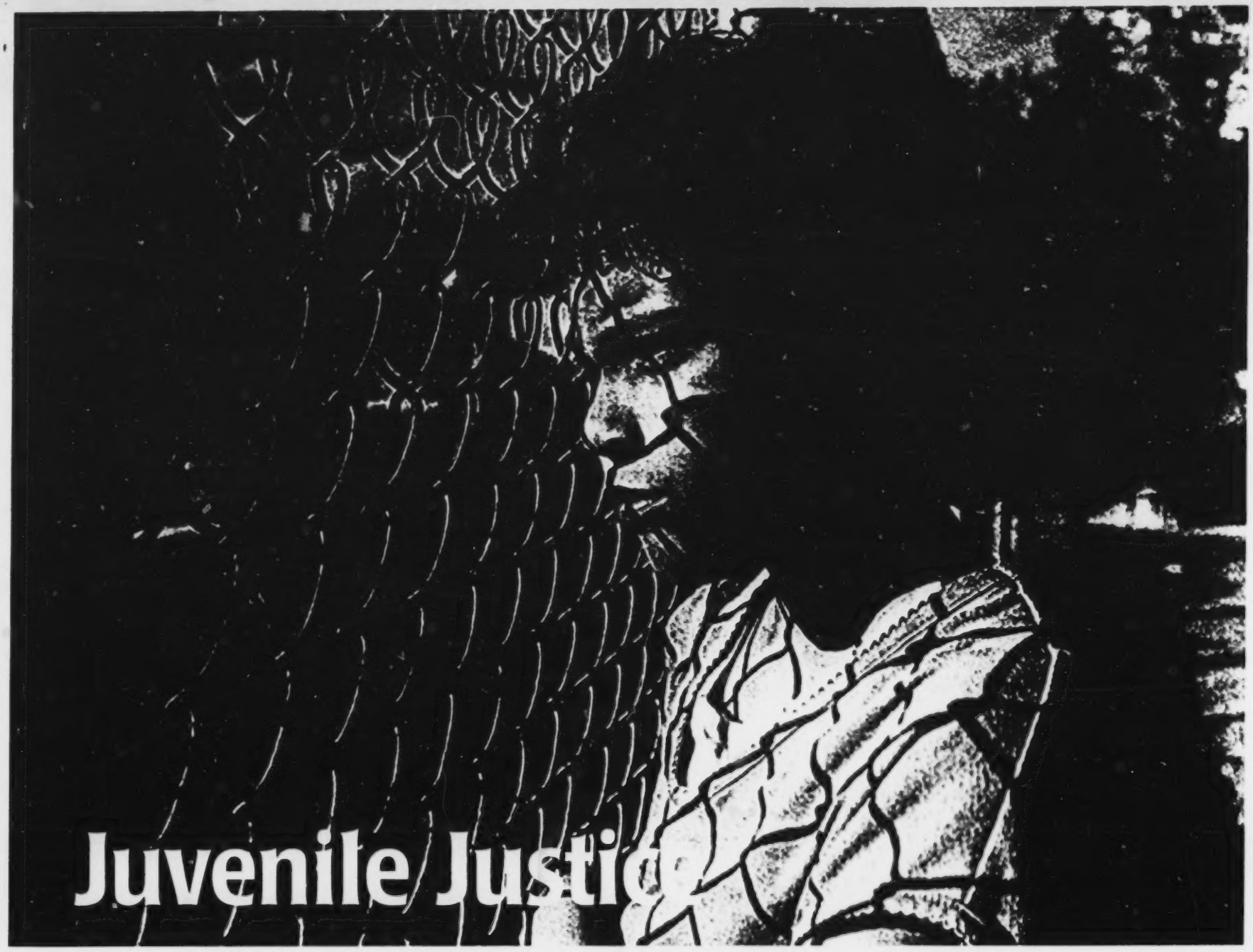
[24] Ibid.

[25] *Abuse and neglect: The long term effects*, American Humane Association, Child Protection Leader Fact Sheet (Denver, March 1994), cited in *Kids Count in Colorado*, 1994.

[26] Cathy Spatz Wildom, "The cycle of violence," U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, *Research in Brief*, October 1992.

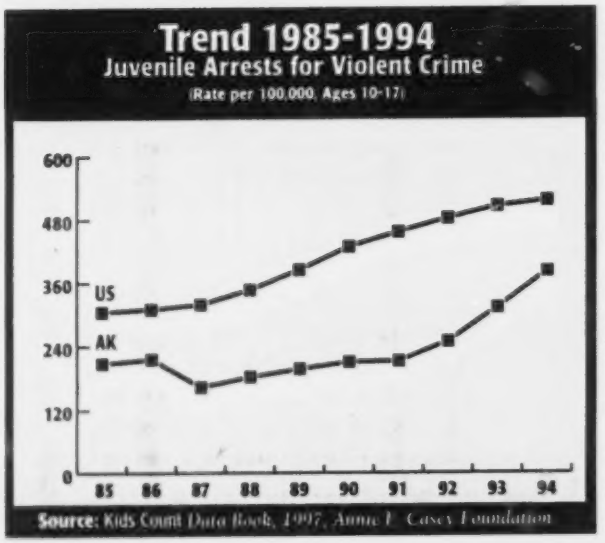
[27] J.E. Oliver, "Inter-generational transmission of child abuse: rates, research and clinical implications," In *American Journal of Psychiatry*, 151, 670-674, 1993.

[28] *Fiscal Years 1994 and 1995: Annual Report*, Alaska Department of Health and Social Services, Division of Family and Youth Services, March 1996.



BEST COPY AVAILABLE

Juvenile Violent Crime



Definition

The arrest rate for juvenile violent crime is the number of arrests per 100,000 juveniles (ages 10-17) for homicide, manslaughter, forcible rape, robbery, and aggravated assault. The figures include all arrests of juveniles for violent crimes, including repeated arrests of the same juvenile for different offenses.

Significance

An increase in the number of young people committing violent crimes is a major worry in the U.S. In 1993 the Federal Bureau of Investigation (FBI) estimated that more than 2 million juveniles had been arrested for violent crimes that year—up nearly 4 percent from the previous year.[1] During the late 1980s and early 1990s juvenile arrests for violent crimes increased more than twice as fast as adult arrests for such crimes.[2]

Impact

The federal Office of Juvenile Justice and Delinquency Prevention has reported sobering findings of 1990s surveys of teenagers:

- One in seven male students in grades 9 through 12 reported carrying guns within the previous 30 days.[3]
- Close to 40 percent of students in grades 6 through 12 do not feel safe in school.[4]
- Almost half of 2,000 high school students surveyed in 1993 reported changing their behavior as the result of a crime or the threat of a crime.[5]

What About Alaska?

Since 1994, juveniles ages 16 or older who commit specific violent crimes can be tried as adults in Alaska.[6] Alaska's 1994 arrest rate for violent crimes was 384 per 100,000 youths (10 to 17)—below the national average of 517. But the Alaska rate grew faster than the national average between 1985 and 1994—84 percent as compared with 70 percent.

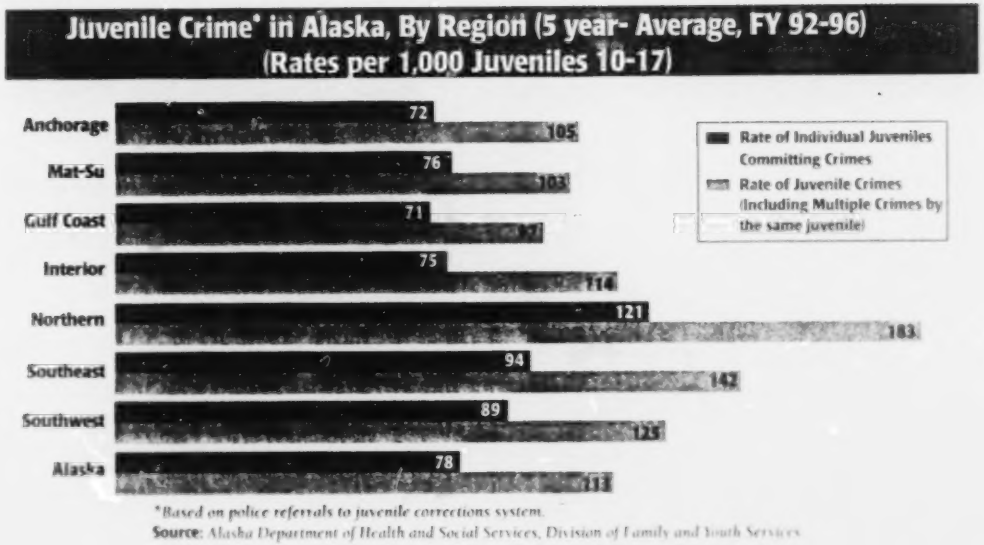
- Alaska's teenagers are imprisoned in long-term secure facilities at a rate of 277 per 100,000.[7]
- The average length of stay for juveniles in secure custody in Alaska is 445 days.[8]
- Estimates of the cost of incarcerating a juvenile for one year in Alaska range from $50,000 to $100,000—compared with an average of $35,000 to $64,000 in other states.[9]

In late 1995 Governor Tony Knowles convened a Youth and Justice conference; that conference appointed work groups to make recommendations to the governor about ways to reduce juvenile crime.

Spotlight on Prevention: Chronic Offenders

Most teenagers who commit crimes do so only once, according to a 1994 study of juvenile offenders in Orange County, California.[10] But some commit many crimes: just 8 percent of offenders committed 50 percent of juvenile crimes in that county. That study emphasized that early identification and intervention can prevent one-time offenders from becoming chronic offenders.

Juvenile Crime in Alaska



Essey Withington of the Alaska Division of Family and Youth Services provided data for this section.

Definition

A juvenile offender is a person under 18 who has committed a crime and has not been waived to adult court. For certain violent crimes, juveniles 16 and older are tried as adults in Alaska. The vast majority are between ages 10 and 17. Crimes range from shoplifting to vandalism to murder.

This indicator shows levels of juvenile crime in Alaska as reflected in police referrals to the juvenile corrections system. Referrals are a reasonable measure of overall juvenile crime—but it's important to keep in mind that some referrals are dismissed.

Juvenile Corrections System

A number of state and local government agencies have some responsibility for dealing with juvenile crime in Alaska. But it is the Division of Family and Youth Services (DFYS) in the Alaska Department of Health and Social Services that is chiefly responsible for working with juveniles charged with crimes.

DFYS juvenile probation officers receive reports of juvenile delinquency from law enforcement agencies around the state. The probation officers then investigate. Depending on the amount of evidence, the severity of the crime, and other factors, the probation officers may dismiss cases, handle them informally, or send them to juvenile court. Most referrals are handled informally; only about 30 percent go to juvenile court.

When probation officers handle a case informally, they may place juveniles on informal probation and require them to pay restitution to victims, do community service, or take part in other programs. Those who go to juvenile court may be placed on formal probation, may be required to pay restitution to their victims, may be taken out of their own homes and placed in other homes, or may be confined in a juvenile corrections facility.

Juvenile Crime Rates

The figure to the left shows two rates of juvenile crime in Alaska over the 5-year period 1992-1996: (1) the rate based on police referrals to the Division of Family and Youth Services of the rate based on the number of *individual* juvenile offenders per 1,000 juveniles; and (2) the rate based on the number of crimes per 1,000 juveniles, including multiple crimes by the same juvenile.

BEST COPY AVAILABLE

Juvenile Crime in Alaska

The figures show that, on average during the period 1992-1996, about 78 per 1,000 Alaska juveniles broke some kind of law and that there were 113 crimes per 1,000 juveniles. The lowest rates were in the Gulf Coast region and Anchorage, while the highest were in the Northern and Southeast regions.

Crimes By Type and Region

In every region, crimes against property are the most common juvenile offense, making up half or more of juvenile crime. Crimes against persons make up anywhere from 14 percent of juvenile crime in Anchorage to 21 percent in the Southwest region. Violations of drug and alcohol laws are most common in Southeast and Southwest Alaska, where they make up nearly one-quarter of juvenile offenses, and less in Anchorage, where they make up only 8 percent. Other offenses together account for anywhere from 10 to 20 percent of juvenile crime in regions around the state.

Police Reports[a] of Juvenile (10-17) Crime, By Region and Type of Crime
(5 year Average, FY 1993-1997)

Region	Type of Crime				
	Crimes Against Persons	Crimes Against Property	Violation of Drug and Alcohol Laws	Others[b]	Total
	Number / Percent	Number / Percent	Number / Percent	Number / Percent	Number / Percent
Anchorage	443 / 14%	1,813 / 59%	230 / 8%	582 / 19%	3,068 / 100%
Mat-Su	114 / 15%	438 / 58%	93 / 13%	107 / 14%	752 / 100%
Gulf Coast	156 / 17%	479 / 54%	167 / 19%	93 / 10%	895 / 100%
Interior	205 / 16%	724 / 57%	169 / 13%	183 / 14%	1,281 / 100%
Northern	105 / 16%	328 / 51%	139 / 21%	78 / 12%	649 / 100%
Southeast	211 / 16%	633 / 50%	302 / 24%	129 / 10%	1,275 / 100%
Southwest	125 / 21%	258 / 44%	136 / 23%	66 / 11%	586 / 100%
Alaska	1,359 / 16%	4,673 / 55%	1,236 / 15%	1,238 / 15%	8,506 / 100%

[a] Reports police send to probation officers, who then investigate. These are duplicate counts–meaning they include more than one crime by the same juvenile; duplicated counts show the overall level of juvenile crime
[b] Includes violations of public order laws, weapons laws, and miscellaneous other offenses.
Note: *Percentages may add to slightly more or less than 100 because of rounding.*
Source: *Alaska Department of Health and Social Services, DFYS*

Crime by Sex

Statewide, boys committed 76 percent of juvenile crimes and girls 24 percent over the period FY 1992 - 1996. Those percentages varied little among regions.

Crime By Race

Since at least the 1980s, the federal government has been worried about "what analysts call "over-representation" of some minorities in the juvenile corrections system.

Nationwide, the percentages of Black and Hispanic juveniles referred to juvenile corrections systems are higher than their percentages in the total juvenile population. Why juvenile referrals among some minorities are disproportionately high—and how to reduce the high minority rates—are important public policy questions.

Juvenile referrals in Alaska show a similar pattern as in the U.S. as a whole: the percentage of juvenile referrals among some minority groups is much higher than their percentages in the general population. The percentages of Alaska Native and Black juveniles who are referred to the juvenile corrections system are significantly higher than their shares of the juvenile population. (Remember, however, that some referrals are dismissed, so referrals are not an exact measure of juvenile crime.)

BEST COPY AVAILABLE

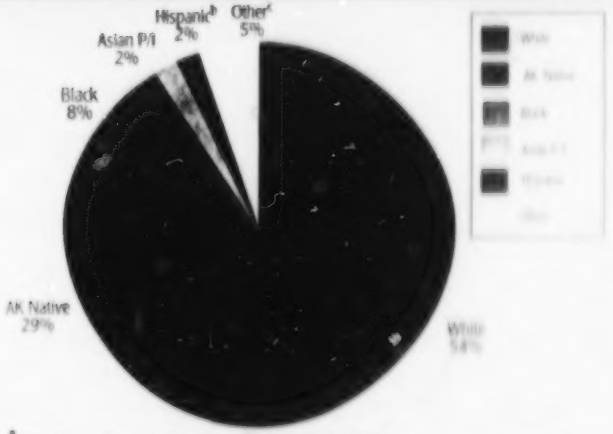
Juvenile Crime in Alaska (continued)

Alaska Natives made up an estimated 19 percent of the juvenile population during the period 1992-1996 but represented 29 percent of the police referrals to the juvenile corrections system. Black juveniles made up about 4 percent of the juvenile population and about 8 percent of juvenile referrals.

But referrals among Native and Black juveniles are not disproportionately high in all regions. In Anchorage and the Interior region, referrals among Native juveniles are about twice as high as their share of the general population. But in the Mat-Su and Gulf Coast regions, the shares of Native referrals are about the same as the Native share of population. Similarly, Black juveniles are referred at about twice their share of the population in Anchorage and the Interior. But in other regions, where the Black population is small, juvenile referrals among Black youths are low.

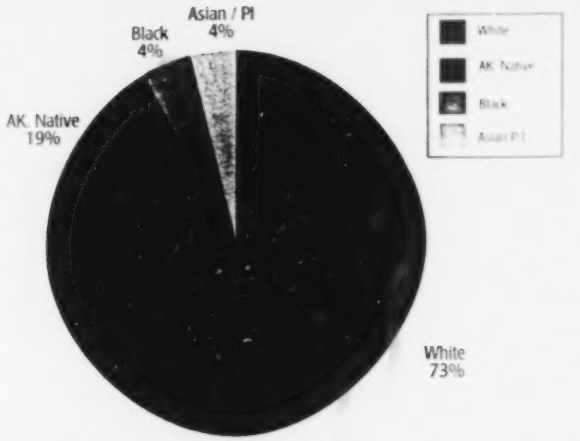
White and Asian juveniles statewide are referred for crimes less often than their shares of the population, but there are regional differences. In the Mat-Su region, White juveniles are referred at just about the same rate as their share of the population. Referrals among Asian juveniles in the Gulf Coast region are about double their share of the population.

Juvenile (10 - 17) Crime[a] in Alaska, By Race (Average, FY 1992- 1996)



[a] *Based on police reports to juvenile corrections system.*
[b] *Hispanic is an ethnic, rather than a racial group. Hispanic persons can be of any race but are reported separately in juvenile corrections system.*
[c] *Includes persons of a mixed race and unknown race.*
Source: *Alaska DFYS*

Juvenile (10 - 17) Population By Race Average FY 1992-1996



Note: *Hispanic persons are included in various races.*
Source: *Alaska Department of Labor*

Police Reports of Juvenile (10-17) Crime By Race and Region (5 - Year Average, FY 1992 - 1996)

	White		Ak. Native		Black		Asian / PI	
	% of Pop.[a]	% of Crimes	% of Pop.[a]	% of Crimes	% of Pop.[a]	% of Crimes	% of Pop.[a]	% of Crimes
Anchorage	78	59	8	14	8	17	6	2
Mat-Su	93	90	5	6	1	-	1	
Gulf Coast	85	78	11	12	0.5	-	3	7
Interior	76	57	16	30	6	10	2	
Northern	13	4	85	92	-	-	1.5	
Southeast	73	50	23	34	0.6	-	3.5	
Southwest	19	9	79	89	0.7	-	1	
Alaska	73	54	19	29	4	8	4	2

[a] *Juvenile populations by race and region estimates of Alaska Department of Labor, Demographics Unit*
Note: *- indicates numbers too small to calculate a rate.*
Source: *Alaska Department of Health and Social Services, DFYS*

Notes

[1] *Fiscal Years 1994 and 1995 Annual Report*, Alaska Department of Health and Social Services, Division of Family and Youth Services, March 1996, p. 25.

[2] 1992 Juvenile Arrests, FBI Uniform Crime reports, Violent Crime Index (http://www.ncjrs.org/txtfiles/sfs-9413.txt)

[3] B. Brown, *Trends in the well-being of America's children and youth, 1996*. Washington D.C.: Office of the assistant secretary for planning and evaluating, U.S. Department of Health and Human Services, April 1996, p.140. (Reported in Office of Juvenile Justice and Deliquency Prevention, *Juvenile Justice Bulletin* [February 1997], p.3.)

[4] L. Ansley, "It just keeps getting worse," *USA Weekend* (Aug 13-15, 1993), p.5. (Reported in Office of Juvenile Justice and Delinquency Prevention, *Juvenile Justice Bulletin* [February 1997], p.3.)

[5] *Between Hope and Fear*: Teens speak out on crime and the community. Washington D.C.: National Crime Prevention Council, National Institute for Citizen Education in the Law, and Office of Juvenile Justice and Deliquency Prevention, U.S. Department of Justice (December 1995), p.10. (Reported in Office of Juvenile Justice and Deliquency Prevention, *Juvenile Justice Bulletin* [February 1997], p.3.)

[6] *Fiscal Years 1994 and 1995 Annual Report*, Alaska DHSS, Division of Family and Youth Services, p. 26.

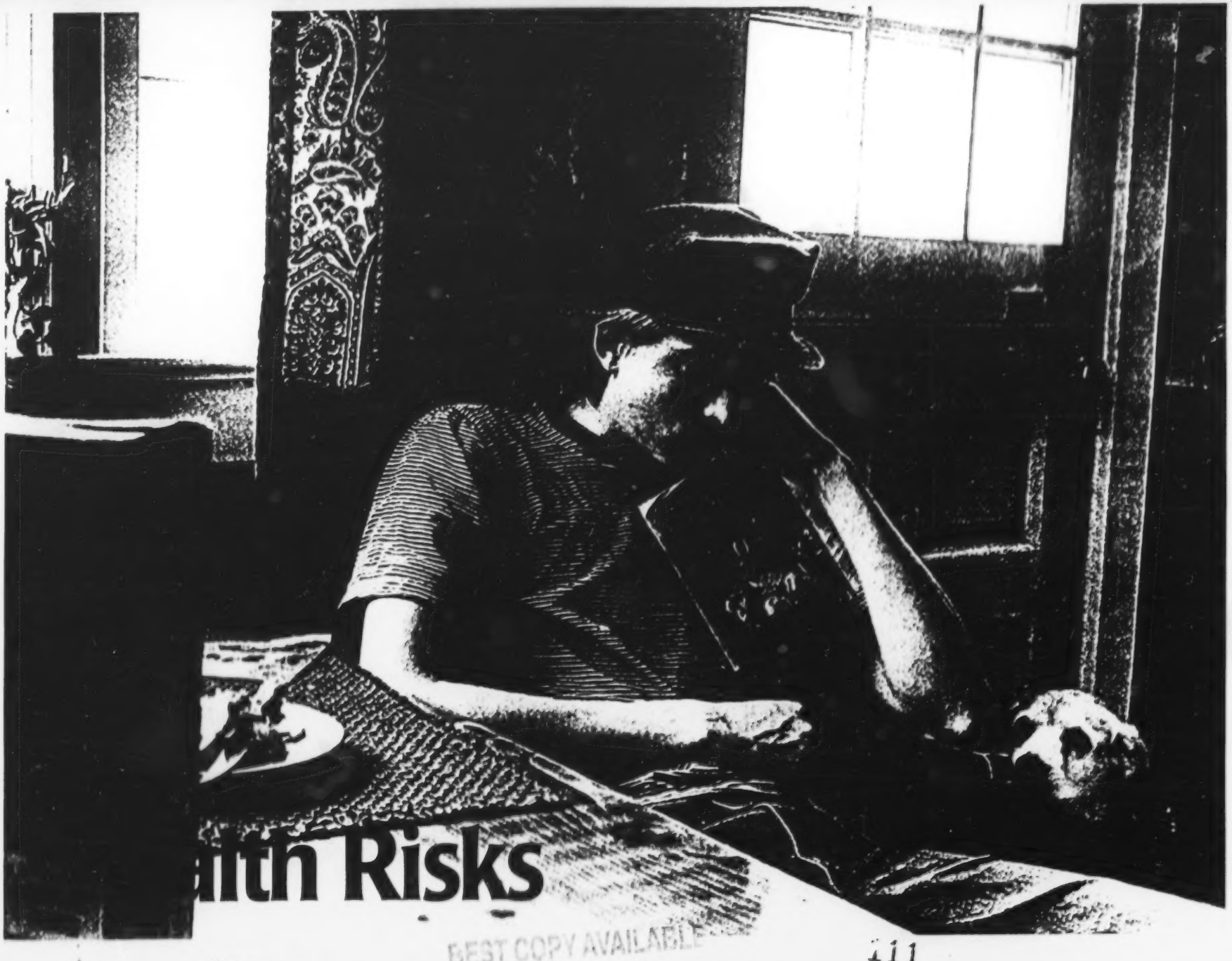
[7] *Report of the Governor's Conference on Youth and Justice* (abridged version), p.v.

[8] Ibid.

[9] Ibid.

[10] Gwen Kurtz and Louis Moore, *The 8 percent problem: Chronic Juvenile Offender Recidivism*, Orange County Probation Department, March 1994 (cited in *Making the Connection: Child advocacy and balanced juvenile justice policy*, Juvenile Justice Project, Children's Action Alliance, March 1995).

kids



BEST COPY AVAILABLE

Tobacco Use Among Teens

Definition and Significance

The most recent information on cigarette smoking among Alaska teenagers is from the 1995 Youth Risk Behavior Survey, a joint project of the Alaska Departments of Health and Social Services and Education. That survey will be updated in 1999.

It's been known for decades that smoking cigarettes is potentially lethal, and tobacco-related illnesses are the leading cause of premature death in the United States.[1]

Cigarette smoking has declined significantly among adults in the U.S. in recent years, but not among young people. And the earlier children experiment with smoking, the more likely they are to smoke as adults. The Alaska Division of Public Health has reported that nearly 85 percent of Alaskans who smoke began smoking between the ages of 10 and 20.[2]

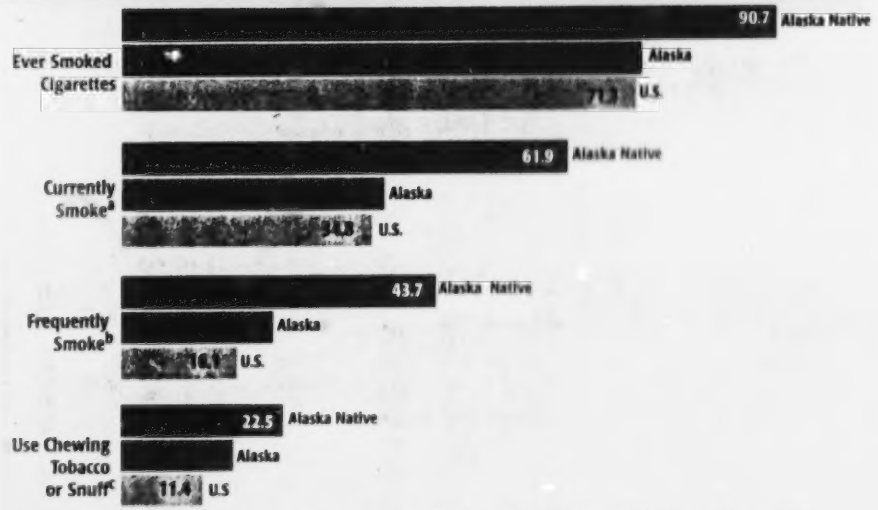
The table below shows that Alaska high school students in general and Native students in particular smoke more than the average nationwide. 21 percent of students statewide and nearly 44 percent of Native students identified themselves as "frequent smokers" (smoked at least 20 of the previous 30 days) in 1995. About 16 percent of students nationwide called themselves frequent smokers.

Among teenagers who had smoked at least once in the previous month, rates among Alaska teens and other U.S. teens were close (about 35 percent) but much higher (over 60 percent) among Native students.

Many steps have been either proposed or adopted to stop young people from smoking. Those include more education about the dangers of tobacco, higher tobacco taxation, strict enforcement of laws regarding sales to minors, and regulation of tobacco advertising—in particular advertisements targeting young people. Most effective would be changes in the social norms and acceptability of smoking among teenagers and adults.

Alaska has recently stepped up the fight against cigarette use among young people, as described on the next page.

Tobacco Use Among High School Students, Alaska and U.S., 1995
(Percent of Students)



Source: *Youth Risk Behavior Survey, 1995, Alaska Departments of Health and Social Services and Education, February 1996*

[a] *Smoked at least once in past month*
[b] *Smoked 20 or more cigarettes in past month*
[c] *Used smokeless tobacco at least once in past month*

BEST COPY AVAILABLE

Tobacco Use Among Teens (continued)

Spotlight on Prevention: The Fight Against Teen Smoking

John Petraitis, associate professor of psychology at the University of Alaska Anchorage, provided information for this section.

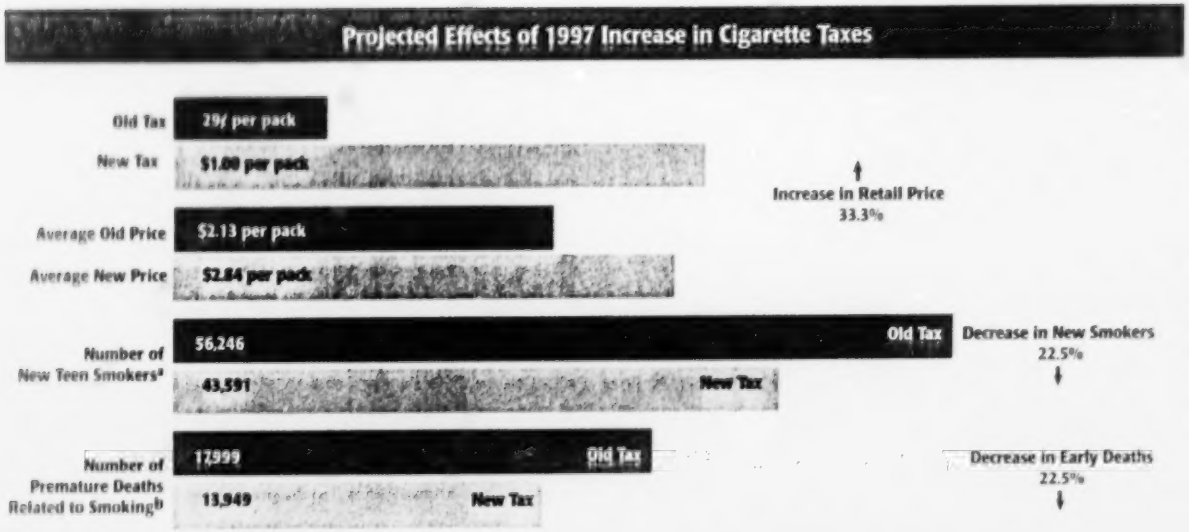
Alaskans have recently taken two major steps to control tobacco use among young people: increased enforcement of laws against selling cigarettes to minors, and higher taxes on cigarettes.

In recent experiments, the Division of Alcoholism and Drug Abuse of the Alaska Department of Health and Social Services sent teenagers to a random sample of tobacco outlets to try to buy cigarettes. The division found that even though a substantial share of outlets—34 percent in 1996 and 24 percent in 1997—sold cigarettes to minors, no merchants were ticketed or fined. However, in the summer of 1997, police in Anchorage began issuing tickets to merchants who sold cigarettes to minors and revoking their tobacco sales licenses for up to 90 days.

The most widely publicized effort to cut smoking in Alaska has been the increase in tobacco taxes that went into effect in October 1997. In the largest single increase ever in cigarette taxes, the Alaska Legislature increased state taxes on a pack of cigarettes 71 cents—from 29 cents to $1.00 per pack. The theory behind the increase is that the higher the price, the more difficult it will be for young people in particular (but also for Alaskans in general) to afford cigarettes.

The change is too new for us to report any results yet, but the adjacent figure shows the Alaska Department of Health and Social Services' projections of how the increase will translate into reduced smoking and fewer premature deaths.

Based on a recent national study of how teenagers react to changes in the price of cigarettes, the department estimates that the 71-cent tax increase will cut both teenage smoking and premature smoking-related deaths by 23 percent.[a]



[a] *Assumes a given percent of Alaskans 17 and under would begin smoking at old price, and that each 10 percent price increase reduces smoking among teenagers by 6.75 percent*

[b] *Assumes 32 percent of those who begin smoking in their teens will die prematurely of diseases related to smoking*

Source: *Based on assumptions in "Tobacco Use Among Alaskan Youth," Alaska Department of Health and Social Services, Section of Epidemiology, Bulletin #5, January 1997.*

BEST COPY AVAILABLE

Teens Using Alcohol and Drugs

Definition and Significance

The most recent information on drug and alcohol use among teenagers in Alaska is from the 1995 Youth Risk Behavior Survey, a joint project of the Alaska Departments of Health and Social Services and Education. The survey will be updated in 1999.

Drugs and alcohol play some role in a big share of suicides, car crashes, and homicides—the leading causes of death among teens in Alaska. Adolescent alcohol and drug use have serious consequences for mental, physical, and social development.

In 1995, nearly half of all Alaska high school students reported they had drunk alcohol within the past month, nearly one-third said they had used marijuana within the past month, 20 percent had used inhalants at some time, and about 8 percent had used cocaine at some time. Those percentages were similar to drug and alcohol use reported among U.S. high school students in general. But unlike cigarette smoking—which is more common among Alaska Native students—Native students are no more likely (and in some cases, less likely) to use drugs or alcohol than other high school students.

Students who use alcohol or marijuana are also much more likely to do other things that risk their health—including fighting, smoking, having sexual intercourse, and considering suicide.

The table below shows that both boys and girls are twice as likely to get in fights and three times more likely to smoke cigarettes if they are drinking or using marijuana.

Alcohol and marijuana use also at least doubles the likelihood that boys and girls will have sexual intercourse, and causes both to be much more likely to consider suicide.

Alcohol and Drug Use Among Alaska and U.S. High School Students: 1995

(Percent of Students)

	Alaska	Alaska Natives	U.S.
Episodic Heavy Drinking[a]	31	31	33
Current Alcohol Use[b]	48	44	52
Current Marijuana Use[b]	29	29	25
Ever Used Cocaine	8	7	7
Current Cocaine Use[b]	3	2	3
Ever used Inhalants	22	19	20
Ever used Crack	5	5	5
Ever used Steroids	4	3	4
Ever injected Drugs	2	1	2

[a] *5 or more drinks on one occasion at least once in past 30 days*
[b] *Used in the last 30 days*
Source: *State of Alaska Epidemiology Bulletin No. 8, February 26, 1997*

High Risk Behaviors Associated with Alcohol and Drug Use Among Alaska High School Students

		Alcohol Use in past 30 days		Marijuana Use in past 30 days	
		Yes (%)	No (%)	Yes (%)	No (%)
Physical Fighting[a]	Boys	57	31	61	37
	Girls	35	17	42	20
Current Cigarette Smokers[b]	Boys	56	14	72	19
	Girls	57	19	78	23
Sexual Intercourse[c]	Boys	63	30	53	18
	Girls	63	34	52	23
Seriously Considered Suicide[d]	Boys	21	11	30	9
	Girls	41	26	44	29

[a] *One or more times in past 12 months*
[b] *At least once in past 30 days*
[c] *In past 3 months*
[d] *Within past 12 months*
Source: *State of Alaska Epidemiology Bulletin No.8, February 26, 1997*

BEST COPY AVAILABLE

Sexually Transmitted Diseases and HIV

Definition and Significance

Every year 2.3 million teens in the U.S. contract sexually transmitted diseases (STDs).[1] These include a number of diseases of differing severity and symptoms that are transmitted entirely or primarily through sexual contact.

The most virulent is AIDS (acquired immune deficiency syndrome), which is caused by HIV (human immunodeficiency virus) and is today almost universally fatal. Of the estimated 3,000 women infected with HIV worldwide each day, 70 percent are between the ages of 15 and 25.[2]

Other STDs include syphilis, gonorrhea, and chlamydia. STDs can lead to pelvic inflammatory disease, infertility, and sterility, among other things. Both gonorrhea and HIV infection can be spread from mother to infant during childbirth. HIV can also be transmitted during pregnancy and breast-feeding.

What About Alaska?

The Section of Epidemiology of the Alaska Department of Health and Social Services tracks STDs.

In 1995, about 30 percent of Alaska's high-school students and 37.5 percent of students nationwide reported having sexual intercourse during the previous three months.

The most common STD reported among Alaska teenagers is chlamydia, which in 1996 was reported at a rate of 1,333 per 100,000 teenagers (15 to 19); most victims are girls. The 1996 rate of gonorrhea infection among Alaskan teens (ages 15 to 19) was 286 per 100,000; gonorrhea strikes teenage girls about twice as often as boys.[3] In the mid-1990s, the national rate of gonorrhea infection among those 15 to 19 was more than three times higher than Alaska's rate.[4] Syphilis is relatively rare in Alaska.

The table below shows HIV testing and AIDS cases among children and young adults in Alaska from May 1985 through 1996. Because AIDS can take years to develop, it's likely many of those in their 20s with AIDS were infected in their teens. Of the roughly 50,000 Alaskans age 29 and under tested during that period, less than one percent tested positive for HIV; 84 AIDS cases were reported, and 45 Alaskans under age 29 (mostly 20 to 29) died of AIDS.

AIDS Prevention: RARE-T Program

Sharon Vaissiere of the Anchorage School District provided information about this program.

In the early 1990s the Anchorage School District started the RARE-T (Reduce AIDS Risk Effectively) Program, which annually trains roughly 100 high-school students to teach their peers about HIV infection and AIDS and about preventing HIV infection. Students who become peer educators go through a two-day training session and then make classroom presentations. Those presentations are primarily to high-school students, but RARE-T presenters have also been asked to make presentations to elementary and middle-school students as well as to adults.

Over 35,000 students attended RARE-T presentations in the 1997 winter quarter. During the past two years, the Alaska Department of Health and Social Services has also funded the Anchorage School District to do RARE-T training in other districts and communities.

HIV Testing , Aids Cases, And Deaths Among the Young

(May 1, 1985 through December 31, 1996)

Age Group	Number Tested	Positive (%)	AIDS Cases	Known Deaths
0-9	742	3 (0.4%)	4	
10-19	12,842	27 (0.2%)	3	2
20-29	36,451	253 (0.7%)	76	43

Source: *State of Alaska Epidemiology Bulletin, No. 6, February 5, 1997*

BEST COPY AVAILABLE

Notes

[1] *Youth Risk Behavior Survey: Alaska report 1995*, Alaska Department of Health and Social Services and Alaska Department of Education, February 1996, p. 5.

[2] Alaska Department of Health and Social Services, Section of Epidemiology, *Bulletin* No. 5, January 21, 1997.

[3] Personal communication from Division of Alcoholism and Drug Abuse.

[4] Based on work by F.J. Chaloupka and M. Grossman, "Price, tobacco control policies, and youth smoking" (unpublished data). Report in Alaska Section of Epidemiology, *Bulletin* No. 5, January 21, 1997.

[5] E.C. Leeming, W.O. Dwyer, and D. P. Oliver, *Issues in adolescent sexuality*, Boston: Allyn and Bacon, 1996, p. 13.

[6] Ibid., p.144.

[7] *Youth Risk Behavior Survey: Alaska report 1995*, Alaska Department of Health and Social Services and Alaska Department of Education, February 1996, p.13-14.

[8] Alaska Department of Health and Social Services, Section of Epidemiology, *Bulletin* No. 9, February 27, 1997.

[9] National Center for STD, HIV, and TB Prevention, Center for Disease Control Surveillance Branch, 1995; fax, 1996.

BEST COPY AVAILABLE

Documentation of Indicators

Indicator	What Indicator Measures	Source	Years Available	Geographic Breakdown	Gender Breakdown	Race Breakdown	Age Breakdown
Prenatal Care	Share of mothers in Alaska receiving inadequate prenatal care	Alaska Bureau of Vital Statistics	80-95	*	All years	All years	89-95 only
Babies with Low Birth Weight	Percentage of babies weighing less than 5.5 pounds at birth	Casey Foundation; Alaska Bureau of Vital Statistics	80-94	*	All years	All years	89-95 only
Infant Mortality	Deaths among infants under age 1	Casey Foundation; Alaska Bureau of Vital Statistics	77-94	*	All years	All years	All years
Immunizations by Age Two	Percentage of Alaska 2-year-olds receiving preventive vaccines	Alaska Division of Public Health, Section of Epidemiology	92-97	Regional	Not available	Not available	Not available
Children with Developmental Disabilities	Number of Alaska children with severe, disabling conditions that limit critical functions	Governor's Council on Disabilities and Special Education	1995	Not available	Not available	Not available	Not available
Children Living in Poverty	Children in families with income below the federal poverty threshold	Casey Foundation; U.S. Bureau of the Census	80-94, statewide	Regional, only 80, 90	Not available	Not available	Some age groups
Families Headed by Single Parents	Percentage of families headed by single parents with children	Casey Foundation; U.S. Bureau of the Census	80-94 statewide	Regional, only 80, 90	Not available	Not available	Not available
Births to Teens	Births among teenage girls 15 to 17 and 15 to 19	Casey Foundation; Alaska Dept. of Labor, Bureau of Vital Statistics	80-95	*	All years	All years	89-95 only
Child Care	Number and capacity of licensed child care facilities in Alaska	Alaska Division of Family and Youth Services	97	Community and region	Not available	Not available	Not available
High School Dropouts	Teens (16-19) who are not in school and who have not graduated	Casey Foundation; Alaska Bureau of Vital Statistics	80-94 statewide	School districts	80, 90	80, 90	80, 90

* *Indicator is available for Kids Count regions, boroughs, and census areas–although sometimes census area figures are too small to be meaningful.*

Documentation of Indicators

Indicator	What Indicator Measures	Source	Years Available	Geographic Breakdown	Gender Breakdown	Race Breakdown	Age Breakdown
Child Death	Deaths among children ages 1-14	Casey Foundation; Alaska Dept. of Labor; Bureau of Vital Statistics	77-95	*	All years	All years	89-95 only
Teen Violent Death	Death from homicides, suicides, and accidents among teens 15-19	Casey Foundation; Alaska Dept. of Labor; Bureau of Vital Statistics	77-95	*	All years	All years	89-95 only
Injury to Children	Injuries resulting in death or hospitalization among Alaskans 19 and under	Alaska DHSS, Injury Prevention Program	91-94	Some regional breakdowns	91-94	91-94	91-94
Child Abuse and Neglect	Reported and substantiated cases of child abuse and neglect among Alaskan children under age 18	Alaska Division of Family and Youth Services	92-97	Not available for Kids Count regions	All years	All years	All years
Juvenile Violent Crime	Arrests for violent crimes among youths 10-17	Casey Foundation; U.S. Bureau of the Census	87-94 statewide	80 and 90, Anchorage, Fairbanks	87-94	88-94	Some age groups
Juvenile Crime in Alaska	Police referrals to juvenile corrections system	Alaska Division of Family and Youth Services	92-97	*	All years	All years	All years
Tobacco Use Among Teens	Cigarette and other tobacco use among high school students	Youth Risk Behavior Survey	95	Not available	95	95	Some age groups
Teens Using Alcohol and Drugs	Alcohol and drug use among high school students	Youth Risk Behavior Survey	95	Not available	95	95	Some age groups
Sexually Transmitted Diseases and HIV	Prevalence of sexually transmitted diseases and HIV among youths and young adults in Alaska	Alaska Division of Public Health	85-96	Not available	95-97	95-97	Some age groups

** Indicator is available for Kids Count regions, boroughs, and census areas—although sometimes census area figures are too small to be meaningful.*

BEST COPY AVAILABLE

BEST COPY AVAILABLE